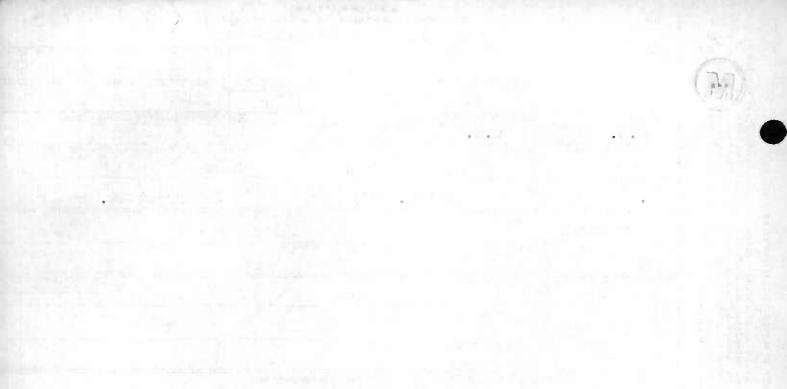


2	FOR STATE REGISTRAR			DEPARTMENT O	FHEALTH	MARYLAND I AND MENTAL I CERTIFICATE (	DEDEATH	0 9 EG. NO.	492
	1. DECEASED NA			MIDDLE		LAST	20. DATE KNO	HINOM X NW	DAY YEAR 26 HOUR
28.484	(TIPE ON PRINTY	RONA	LD			DAMS	OF EST DEATH MAT	ED 4	15 19 81
2002	male	4. RACE	5. DATE OF BIRTH	VEAR LAST BIRT	YEARS IF UN HDAY) MONT YRS.		R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	4	15 19 81 3 M
ACGSSA FOR FOR A	70. BIRTHPLACE FOREIGN COUNT	RY)	76 CITIZEN OF WI	HAT COUNTRY?	8. MARR WIDOW	IED NEVER MARE	RIED T	oreCity	TY OF DEATH
RE, MD. 21201 EATH. IF ANY DELAY IS NEG ES 1, 2, AND 3 TO THE FUNE I PM 3. RETAIN PAGE 5 FO AND 2 SHOULD BE FILED. WITH	Balti		(IF NOT IN SUCH FA	SPITAL, NURSING HO CILITY, GIVE STREET ADDRES HODKINS HOS	S)	ER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LINE	N (TYPE OF WORK	126. KIND OF BUSINESS OR INDUSTRY
ANY DE ANY DE AND STANDS THE TOULD BE RECORD			OR OTHER INSTITUTION, GI	Balto.	SSIONI	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	est St	
RE, MD.	14. FATHER'S NA	nknown	MIDDLE	LAST		15 MOTHER'S MAID WILL		)	LAST
ALTIMO AFTER D SIVE PAGES 1, AGES 1, AGES 1,	160. WAS DECEA (YES, NO, OR UN <b>NO</b>	SED EVER IN U.S. AI	RMED FORCES? YE WAR OR DATES)	166. SOCIAL SECUI	RITY NO.	17. INFORMANT	AC	DDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RES SHOULD BE USED AS A BURIAL "REMAIT PRGES 1 AND 2 SHOULD DE ICEPARTIMENT OF HEALTH AND MAINTAL HYGIENE, DIVISION OF VITAL RECOIL OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Cand gave couse lying	itions, if ony, which rise to immediate (a) stating the under course last.	ATE CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	Stab would as a consequence as a consequence	E OF	thorax  E OR CONDITION GIVEN IN P.	ART 1 (a).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SHOULD E SHOULD E VORD PEN VORD PEN VORD VED VORD VED VED VORD VED VED VED VED VED VED VED VED VED VE	19a. DATE	OF OPERATION	19b. CONDI	TION FOR WHICH OF					20 AUTOPSY?  YES 🔀 NO 🗆
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 FOR DEATH, WITH THE STATE DEPARTMENT OF HEALTH HAND MENTAL HYGIERE, DIVISION OF VITA BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	WHILE AT WORK	ING OR OR OF CAUSE OF	HOUR A.M PARTH RM PIACE OF STREET, FACTOR POPULATION OF THE PIACE OF T	A. MONTH DAY YE  A. 4-15- 19  OFFICE (ATHOME,  OFFICE (ATHOME,  CORV. FARM. ETC.)  Tentiary  cribed obave, held ar  accident	81 Su 21f. 10	CATION TREET  FORTEST S sy X. Inspectic  Homicide X.  TITLE (SPECIFY) D. ASSISTAT	On Inquiry, Undetermined monner	co , and in my as	DUNTY STATE Md.
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STATE OF MARYLAND

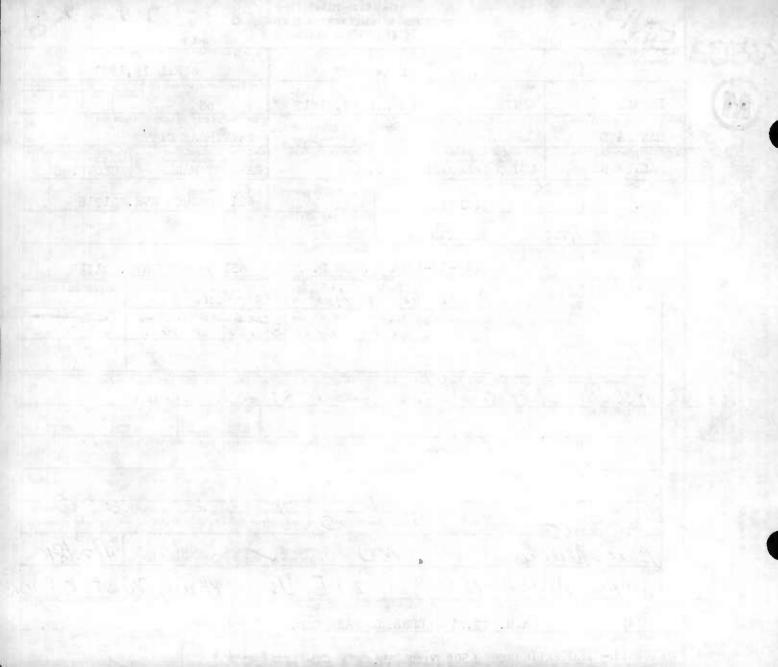
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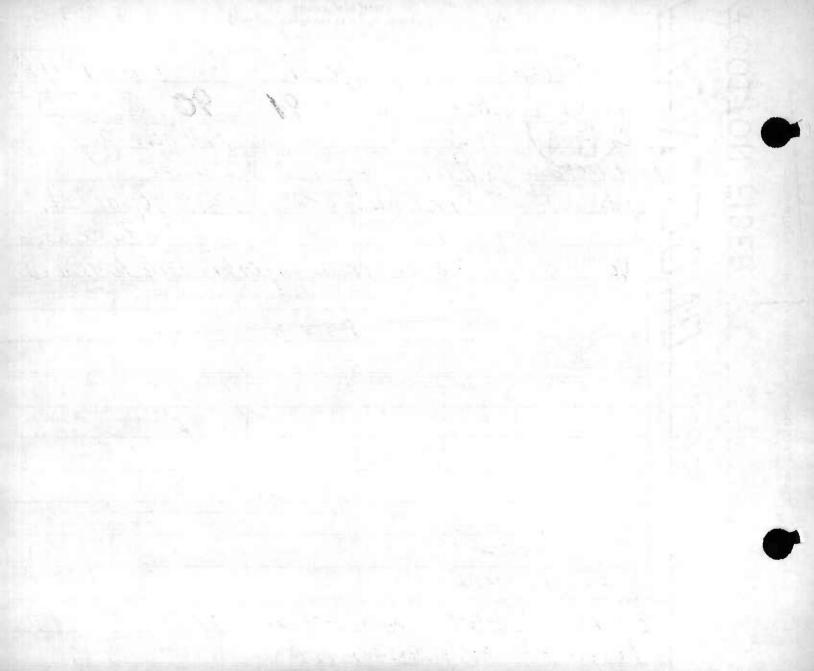
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4	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH  STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.	3
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ofter death. Pages the formal of the Author 72 box	BIRTHPLACE (STATE DAPONESSIN)  7% CITIZEN OF WHAT COUNTRY?  MARRIED   NEVER MARRIED   SEALTIMORE CITY OR COUNTY OF DEATH  WIDOWED   DIMORCED    CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT A SUCH SURVEY DIVE STREET ADDRESSING  THE PROPERTY OF WHAT COUNTRY?  126. USUAL OCCUPATION   176. KIND OF BUSING  THE PROPERTY OF WHAT COUNTRY?  179. CITIZEN OF WHAT COUNTRY?	MD ESS OR
MARYLAND 21201 ed within 24 hours c mplately filled in by and 2 should be file confiner men be no	FATHER'S NAME FIRST  FATHER'S	10
be execution and cars. Pages	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17/INFORMANT ADDRESS (YES, NO SOBJUNKNOWN) (IF YES, GIVE WAR OR DATES) 218 30-6410101011 DLFOUS1 7306 ROUGHLY	co N.
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10SPITAL OR ned by the ht he ht live had by the ht live and be deteched the Stote Dept.	obove, (1) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  22d PHYSICIAN'S NAME (TYPE OR PRINT)  ARUNKUMAR.	F (
60 7 BP	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY PRODUCTION COUNTY PROPERTY OF CREMATORY 23d. LOCATION COUNTY PROPERTY OF COUNTY PROPERTY PROPERTY OF COUNTY PROPERTY PROP	<b>D</b> .



My have be	- (	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOLD
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The b	10	BIRTHPLACE ISTATE OR FOREIGN 76. CITIZ COUNTRY) Harlord (0. ML.	EN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Baltimore (it	
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squires that the death cert signed by the attending Then please remove corbon to burial, cremation, or the njury, or ather traumatic	200	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITI	E TO, OR AS A CONSEQUEN  E TO, OR AS A CONSEQUEN  (c)	LE Scioca	DEMA CLUBY	SIVEN IN PART 110
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TO HOSPITAL Cretained by the TO FUNERAL Eshauld be detact with the State Day with the State Day MAPORTANT: If	1	22d PHYSICIAN'S NAME (TYPE OR PRINT) SHER A HASHIN	2/	GOTT SOO	I Loth Rosser	Blick And 3
ВР		a. BURIAL, CREMATION, REMOVAL 23b. C (SPECIFY) Burial	1	Balto. National Co	23d. LOCATION CITY OR TOWN  THE DECID OXOGE (ISTRABLE)	COUNTY ST

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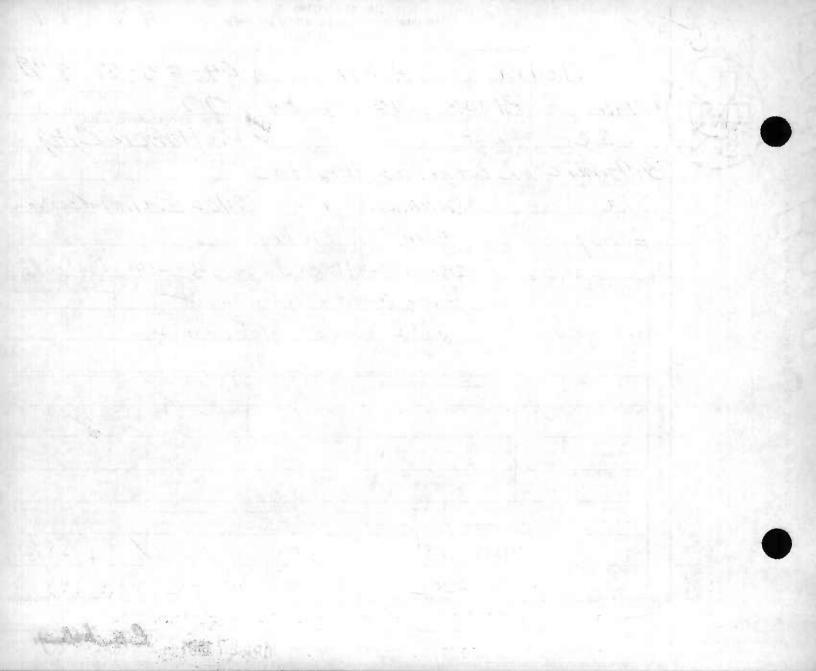
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Page 4 moy or, pog	3 SE	note 1	BLACK	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	
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hours after hours after be filed with	13	ALTINOVE  RESIDENCE (IF NURSING HOME OR OT)	NAME OF HOSPITAL, NURSING (IFNOT IN SUCH FACILITY, GIVE STREET ADI	n Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b, KIND OF BUSINESS OR INDUSTRY
LAND 21 LAND 21 in 24 ho in 24 ho is should be ef must b	13a S	nd 136 COUNTY	13c SITY OR TOWN			mond son Au
completely ond 2 sh		Handy MIDE	Allen	Chaney	MIDDLE	LAST
be execution and of rs. Pages, ne medical	10a V	(AS DECEASED EVER IN U.S. ARME es, no or unknown) (IF yes, give wa	D FORCES? 166 SOCIAL SECURITARY OR DATES) 2/5-05-	17. 10. 17. INFORMANT /	Howard 454	& PinticoRd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician.  After this certificate has been signed by the ottending physician and campletely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, ar removal.	Z	Conditions, if ohy, which gove rise to immediate cause io, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENT  (b)  DUE TO, OR AS A CONSEQUENT  (c)	arrest & Ordio	inal disease or condition of	BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  GIVEN IN PART 1(b)
TAL RECORI	CERTIFICATION	19a DATE OF OPERATION	198 CONDITION FOR WHICH OI	PERATION WAS PERFORMED	20d AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
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DIVISION Or attendia After this se os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR/	A, ETC.)	CITY OR TOWN	COUNTY STATE
ATTEND hospital o RECTOR: 4 ed for use pt. of Hea		22a.1 certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) v.  22b. SIGNATURE		, 19, 19, 19, DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF/	, 19 , that (I) (we) lost nour and from the causes stated  221. DATE SIGNED  4 23/8/
TO HOSPITAL OF retained by the ITO FUNERAL DII should be detach with the State De IMPORTANT: If h			ANAGOOL		HOSPITAL, M	1ARYLAND
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DHMH - 16 50M 1/76 (VR A 15 (4))		NERAL DIRECTOR NAME WITH C March F/H	ADDRESS N	orth Ave. 25a. DATE	REC'D, BY REGISTRAR 256, RE	STATES STATES



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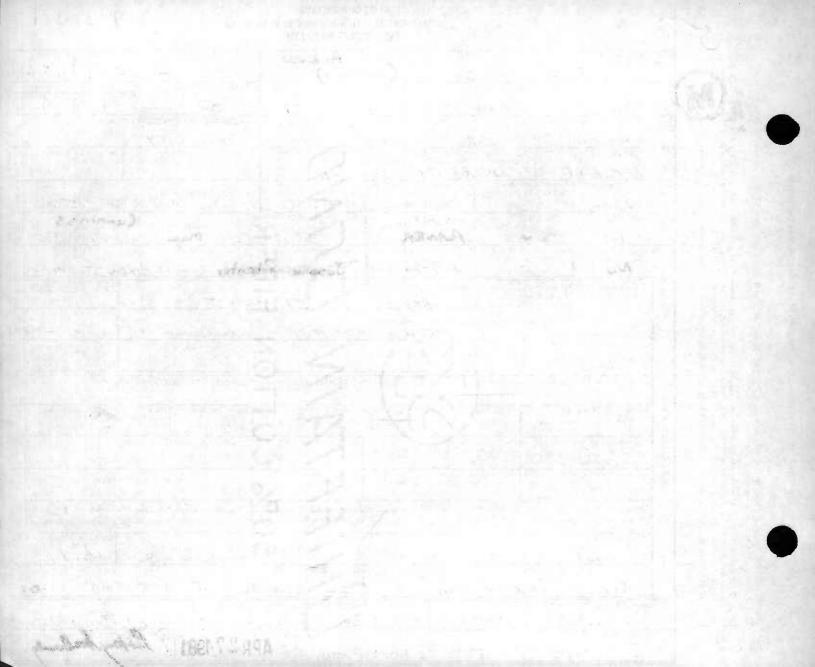
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10	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	
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m oy	1 SEX		4. RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
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8		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8.	D NEVER MARRIED 🕱	9. BALTIMORE CITY OR CO	UNTY OF DEATH
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the f	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA  11 OT IN SUCH FACILITY,		OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR KING (IFE) INDUSTRY
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BALTI cote by cote by siciar appers. ovol. nt, the		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (		0.0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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01 W. F that the deby the lease re-		underlying couse lost	(c) Car	cinoma	of left	upper lobe, 1	ung
DS, 26 quires signer signer hen pl ta bury, a	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
been mit. The prior t	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY2 20b.	IF YES, WERE FINDINGS USED
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MAPPE Should be	23a B	urial, cremation, remov	123h DATE	234 NAME OF C	EMETERY BUCKHANCE	123d. LOGATION	
ВР	(	SPECIFY) Burial	4/23/81		nns Church	CITY OF TOWN	Somerset County, M
DHMH-16 30M 2/B0	24. Ft	INERAL DIRECTOR 1630 F	dmondson Av	e. Ceton	RV1110 Md 250 DA	TE REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE O	0 1 7
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REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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1 / Lilliam M. Andreus 4-2	25-81 8135AM
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) III	IF UNDER 1 YEAR IF UNDER 241 IRS
Temple Black 9 14 90 90 YRS	OATS HOURS MIN.
70. BIRTHPLACE ISTATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY COUNTRY	OF DEATH
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10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 11 TYPE OF WORK FOR MOST OF WORKING (IFE)	126. KIND OF BUSINESS OR
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USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13a. STATE  13b. COUNTY  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  YES [] NO [] 2230 U. FOR  15. MOTHER'S MAIDEN NAME  Alexander  Booker  Lottie  A.	metlesti
14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  15. MOTHER'S MAIDEN NAME	LAST
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours altered by the hospital or attending physician.

1	FOR STATE REGISTRAR				STATE OF MARY IT OF HEALTH AND ERTIFICATE OF	MENTAL HYG		0 5. NO.	9 3	0 3
	1. DECEASED NAM	AE FIRST	MIDDLE		LAST		2. DATE OF DEAT		AY YEAR	25. HOUR
£	(TITE CAPARAT)	HELENA	M.		ANGERMA I	ER		04 0	5 81	A
0	3. SEX		RACE	5.	DATE OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	
Table 1	FEMALE	7 /	WHITE	0.00	MONTH DAY	1892		38 YRS.	AONTHS DAYS	HOURS MIN
MA!	La BIRTHPLACE		CITIZEN OF WHAT	COUNTRY?	_		1 BALTIMORE CIT		OF DEATH	
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-	10 CITY OR TOWN		11. NAME OF HOSPITA	AL, NURSING H	OME OR OTHER IN		12a. USUAL OCCU	PATION	125. KIND	OF BUSINESS OR
200	BALTIN	MODE	JIF NOT IN SUCH FACILITY		CK STREET		HOUSEW		INDUSTRY	1
2	USUAL RESIDENC		OTHER INSTITUTION, GIVE RES				HOUSEW.	LP E		_
53	13a STATE	136 COUN	TY 13c. CI1	TY OR TOWN	134 INSIDE	CITY LIMITS?	13s. STREET ADDRE		mn is ism	01000
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Jedo J	PATI			EALEY		ANN		DDRESS	MANNI	.ON
the m	(YES, NO OR UNKN	ED EVER IN U.S. ARA	MED FORCES? 166 SC WAR OR DATES)	OCIAL SECURITY	NO 17 INFOR	MANT				
t t	NO		21	5-05-00	94 JOHN	L. ANGI	ERMA IER	+98 BRUN		STREET
shows any injury, or other	PART 2 OTH		DUE TO, OR AS AN ICO CONTRIBUTIONS CONTRIBUTIONS FOR CONDITION FOR	UTING TO DEA	lerouc	/	200 AUTOPSY?	20h. IF YES	, WERE FIND	
9 -	21a. ACCIDEN	T WAS UNDERLYING	216 TIME OF INJUR		21c HOW	INJURY OCCURE	RED JENTER NATURE OF			
tem 9	OR CONTRIBUTE	TING CAUSE OF DEA		ONTH DAY	YEAR					
marked or	9	OCCURRED  NOT WHILE AT WORK	P.M. 21e PLACE OF INJU (AT HOME, STREET, FACT	JRY TORY, OFFICE, FARM	ETC.I 211 LOCA STREE		CITYO	RTOWN	COUNTY	STATE
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m 2	saw the	e deceased alive an	view the body ofter de	19 C)	and that in (m	y) (aur) apinion (	death occurred of the	ne date and have	ond from th	e causes stated
TANT: If Ite	228. SIGNAT		1- Bruse	m	DEGREE M. J 122 ADDR		MEDICAL DIRECTOR   PH	STAFF YSICIAN []	60	GESIGNED Gerif 8/
MPORT	TATE TO	TAM T RDS	CON MD		5770	TIE COULT	TI MATT		1	
IMPO		TAM J. BRY	23b. DATE	72. NIAA	AE OF CEMETERY O	WESTVI	123d LOCATION		-	
	(SPECIFY) BURIA		04-08-81	CJC INAN	NEW CATHE	EDRAL	BALT IM	ORE CITY		ARYLAND
5 25M	24 FUNERAL DIRE	CTOR	TRIBLER	ADDRESS	21229		E REC'D. BY REGIST		RARS SIGNA	TURE
4) 1/79		FINERAL F			TKENS AVE	ΔF	R 08 198	per	may loss	-Green,

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attending physician

may be

STATE OF MARYLAND

8	1.	FOR STATE REGISTRAR		DEPART		CATE OF E	MENTAL HYG DEATH		EG. NO.	7 3	0 -1
		CEASED NAME FIRST Arcett		MIDDLE	AP	ESO	2	2a. DATÉ OF DEA	ATH MONTH	3 81	26 HOUR 9.10 PM
		emale	4 RACE	te	5. DATE OF	BIRTH DAY	YEAR 96	6 AGE (IN YEARS L	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	KOKK KINEKA	WHAT COUNTRY?	WIDOWED		VORCED		imor	e cut	<b>Y</b> MD
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335	13a. S Ma	-	e or other institution DUNTY Itimore	GIVE RESIDENCE BEFORE 13c CITY OR TOW Luthery	ille	13d. INSIDE C YES 🔲	NO 🗗		RESS elford R	oad	
30		Christophe		Maris		Sta	s MAIDEN NAM FIRST amatea	MIE	DOLE	Proakis	
The medica		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? GIVE WAR OR DATES)	232-03-4		Mr. C		pesos sam	ne as #		IMATE INTERVAL ONSET AND DEATH
ar afher traumatic even		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DIATE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE	ence of		tic mall		ss.		
ws and inlary.	CERTIFICATION	PART 2 OTHER SIGNIFICAND	At	ontributing to the contribution for which son SI	OPERATION	ilar	RMED	200 AUTOPSY	? 20b. IF YE	ES, WERE FINDIN	NGS USED
Morked of Item 18 sho	MEDICAL CER	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION	DEATH HOUR A. NER) P. 21e. PLACE	M. MONTH DA	19	21f. LOCATION STREET	JURY ÖCCURR	RED (ENTER NATURE O	OF TOWN	PART I OR PART 2)	STATE
2		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE	on_4/13	e deceased from		EGREE	, 19 <b>3</b> (our) opinion o	death occurred on	194		
MPORTANI: If Ifem 21		776. PHYSICIAN'S NAME	LINE.	5 %. Ge	onge		PHYSICIAN [	DiRECTOR P	HASK	, 4/1	3 (81
≤	23a. l	BURIAL, CREMATION, REMOV	AL 13h DATE 4/17/8	10000	4	METERY OR O		23d LOCATION CITY OR TOW Baltin	'N	county ryland	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
NAME
Ruck Towson Funeral Home, ADDRESS 1050 York Road Inc.

APR 1 6 1981

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	STATE OF MARYLAND AR MACOST WI	LLIAN D 5
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH	
T PATRICIAL TO	REG. NO.  I. DECEASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
th 3	WILLIAM HOWARD ARMACOST 4	11 81 820
you 4	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY)  Male White January 4. DAY 10.00 YEAR 5.2	IF UNDER I YEAR IF UNDER 24
rh. Pogo	M. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 18. MARRIED WEVER MARRIED	
ofter deo	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12d USUAL OCCUPATION 11 In SUCH FACILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS
2 2 = 2	THE JOHNS HOPKINS HOSPITAL   Policeman	Balto. Cour
filled in hould be	USUAL RESIDENCE (IF NURSING ILLE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS 136. STREET ADDRESS 137. STREET ADDRESS 137. STREET ADDRESS 138. INSIDE CITY LIMITS? 138. STREET ADDRESS 139. STREET ADDRESS 130. STREET	Road
mpletely ond 2 sl	Armacost  Is. MOTHER'S MAIDEN NAME FIRST F	Fowble
Poges 1	13929ESHano  Was Deceased Ever in u.s. Armed Forces? 166 Social Security No. 17. Informant 13929ESHano  Yes 1954-1955 213-28-0739 Anita B. Armacost Reistersto	ver Road, wn, Md.
the deoth certificote the ottending physic remove corbonpope emotion, or removal ter troumotic event, the	18 CAUSE OF DEATH. (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERV. BETWEEN ONSET AND DE
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SICIAN: The physicic certificate uniol-transit tem 18 sho	The second control of the second of the seco	
PHY:	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  AT WORK AT WORK  AT WORK	COUNTY STA
R ATTENDING hospital or off IRECTOR: After hed for use as fi ept. of Health o tem 21 is marke	27a. I certify tho (1) this hospital) attended the deceased from 19 , 19 , to 471 saw the deceased alive on 19 , and that in (my (our) opinion death occurred on the date and ha above, (1) (we) (did ) (did	, 19_8/, that (I) (we out ond from the causes state
OR he he he be	276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN	220. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detained with the Store IMPORTANT:	22d. PHYSICIAN'S NAME (TYPE OR PRINT)  C FRANCOMANO MD.  22e. ADDRESS  JOHNS HOPKINS HOSP.	BALTIMORE
BP	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION (SPEC Burial April 14, 1981 Evergreen Mem. Gardens Finksburg, (	Carroll, Mari
DHMH-16 30M 2/80 (VRA 15, 4)	FUNERAL DIRECTOR  Fig. 7. Schlund Owings Mills, Md.  APR 15 1981	

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/		STATE OF MARYLAND	506
3	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH  REGISTRAR  REGISTRAR	
999		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
eatu	(TYPE	Thornton Armstead 4/26/81	6/30
100	3. SE	MONTH DAY YEAR MONTHS	ER I YEAR IF UNDER 24 HRS
1)		MALE BLACK 03 31 11 TO YRS.  IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DE	EATH
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/	10. CI	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INC	KIND OF BUSINESS OR DUSTRY
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5	130 5	STATE 1136 COUNTY 1136 CITY OR TOWN 1136. INSIDE CITY LIMITS? 136. STREET ADDRESS YES NO \( \subseteq 150 \) \( \text{N} \) \( \text{Rule} \)	and St
O C	14. FA	ATHER S MAIDEN NAME MIDDLE	1/100
370	16a W	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT , ADDRESS	res
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		Conditions, if ony, which (b) Recultofus Culce,	
		gave rise to immediate cause (a), stating the underlying cause last	
5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I/o
	NOL		
2	CERTIFICATION		E FINDINGS USED CAUSES OF DEATH? NO [7]
0	CERT	210, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR	
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
marked ar	MED	WHILE NOT WHILE	UNTY STATE
		220.1 certify that (I/(this haspital) attended the deceased fram 01-17-81 19 to 04-26 198	that U (we) last
121 is		sow the deceased alive an 04-26-19-1, and that in (pty) (our) apinian death occurred an the date and haur and fabove, M (we) (did) (did pair view the body after death.	
MPORTANT: If Item		ATTENDING MEDICAL STAFF	20. DATE SIGNED
		PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS	7'
		Siss An Awoke Suthula Hospital	
	230. B	BLIBIAL CREMATION, REMOVAL 236. DATE 23, NAME OF CENETERY OR CREMATORY 236. LOCATION CHARLES	
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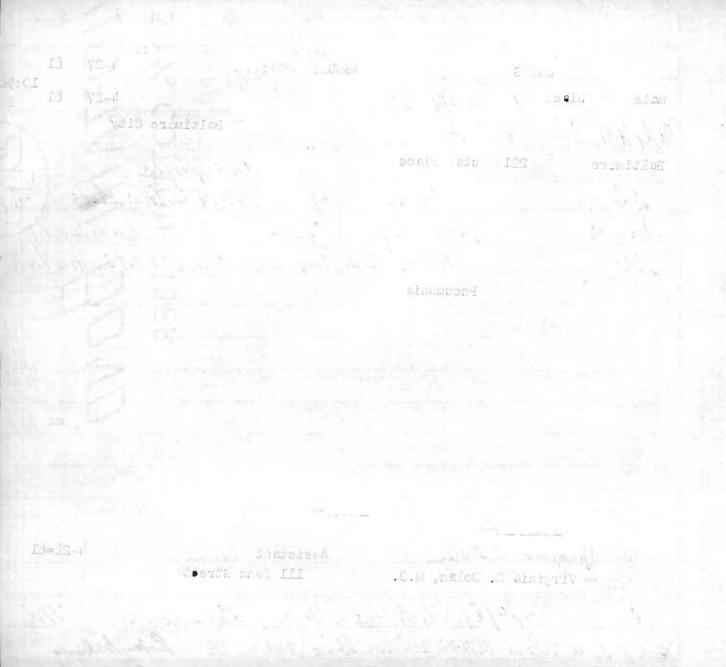
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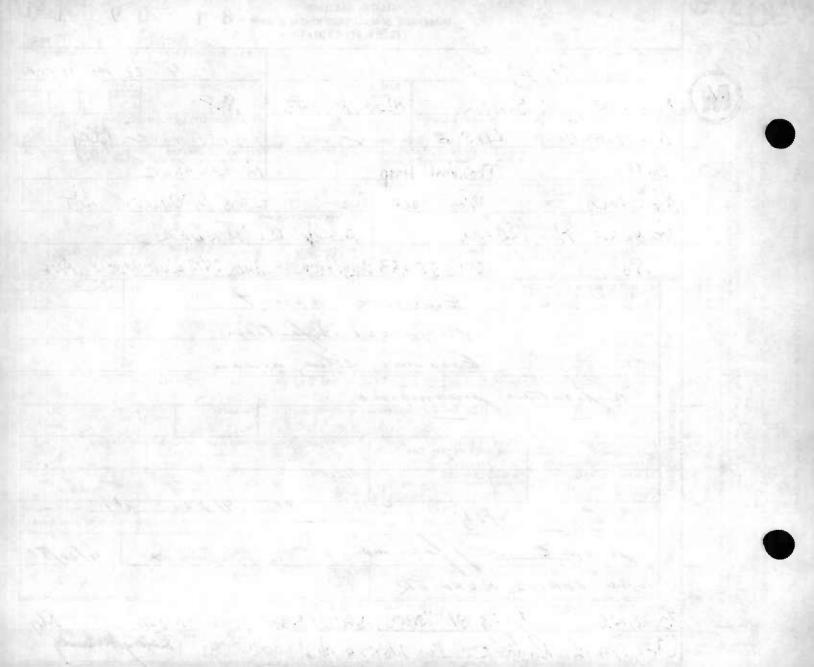
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		E	Baltimo	re	University Hospital Medial Assist									151	HEAITH.				
5		USU/	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION		E BEFORE ADMISSIO	ON)	134 INSIDE CIT	IV LIMITES I	12. CTREET	ADDRESS							
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WO		160. V	AS DECEASED	EVER IN U.S. AR		16b. SO	CIAL SECURITY	NO.	17. INFORM		_		ADDRESS						
5	URS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION	l ''	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	214.	40-90	65	MRS. E	BeTTy	BARK	RETT	275	53 6	BAK	ER_:	57.		
- 2	DIV PURS		18 CAUSE O	F DEATH (Enter ar	nly ane cause per li	ine far (a), (b	), and (c).)			/					APP	ROXIMATE	INTERVAL		
TS N	ZA HOUS INEM 18. IONG W PERMIT. SIENE, D VAL		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART   DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab Wound of chest												BETWEEN ONSET AND DEATH				
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12	産品を正常			ns, if any, which															
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	EXECUING" ING" I A BURI		PART 2 OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERM	NAL DISEASE	OR COMOITION	CIVEN IN BART	T e								
RECORDS	S A I	Z	2.11				10 110 110	MAE OVICENS	. ON CONDITION	OITEN IN TAKE	1.4.								
2	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLCATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGISHEAND, 21201 PRIOR TO BURIAL, CREMATION, OR PEMOVAL	CERTIFICATION	190. DATE OF	OPERATION	19b. CON	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?				
VITAL		문															YES XX NO T		
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_	WARR WARR PAGE 2120		AT WORK	AT WORK	apa	rtment			6 Penr	nsylva	ania <i>F</i>	ve.	Apt.5/	A, Ba	ltim	ore,	Md.		
	A SOR	1	220. I certif	fy that I taak char	ge of the remains o	lesembed abo	ove, held an	Autap	sy XX.	Inspection	<u></u>	Inquiry [	], and	in my ap	inian				
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	TO MEDICAL ED EXECUTE THE CI PACE 4 SHOUL TO FUNERAL DA AFTER DEATH V BALTIMORE, M		EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn Street																
	522552	23a.B	JRIAL, CREMA	TION, REMOVAL		23с.	NAME OF CEM	ETERY O	R CREMATO	RY	23d. LOCA	TION		COUN	ITY	STA	TF.		
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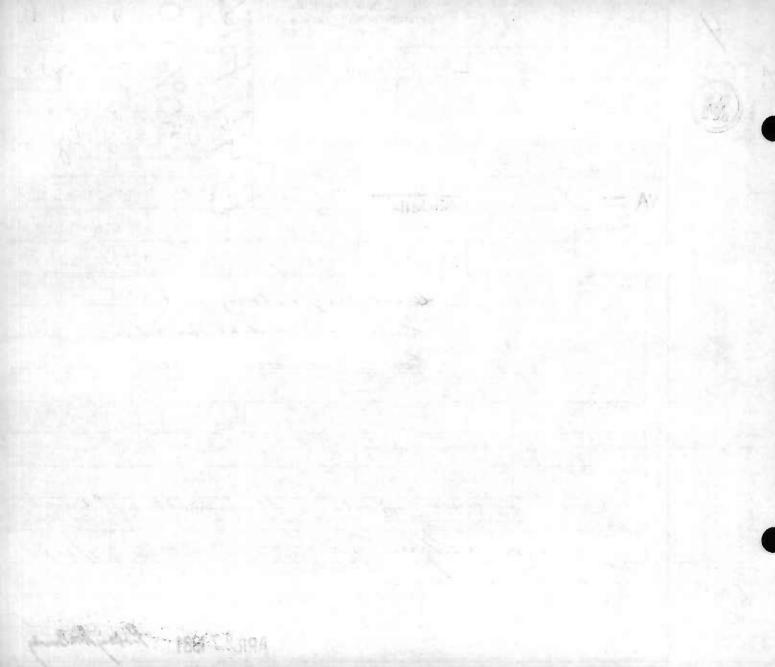
		FOR	DEPARTMI	STATE OF MA	ARYLAND AND MENTAL HYG	SIENE	0 9 5 0	9
2		STATE REGISTRAR	MEDICAL EX	AMINER'S CE	RTIFICATE OF	DEATH REG.	NO.	
94 ~		CEASED NAME FIRST	MIDDLE	ASBI	URY ASberr	20. DATE KNOWN	MONTH DAY YEAR 81	2b. HOUR
Y, PLEAS IRECTOR 2 HOUR N STREET	3. SE)		MES  5. DATE OF BIRTH  DAY  YEAR  6.	AGE (IN YEARS IF UNDE		HIS. 20 DATE	MONTH DAY YEAR 4-27 81	10056
IS NECESSARY, PLEASE FE PUNKEALD INFECTOR. E 5 FOR YOUR FILES. I W. RESTON STREET,	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED		Y OR COUNTY OF DEATH	12/
CIO ES	10 CI	TY OR TOWN OF DEATH Saltimore	11. NAME OF HOSPITAL, NURSI 2214 SHUTAW SPIE			USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 12h KIND OF BU OR INDUST	USINESS IRY
_ % E Z 3 0 _	USUA		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	Bd. INSIDE CITY LIMITS? 13a	Menninge	0 - 0/ 1-1	150,
MD. 2120) TH. IF ANY I, 2, AND M 3. RETA M 2 SHOULI	14. F/	ATHIRS NAME	MIDDLE / LAS	11	S. MOTHER'S MAIDEN N	VAME MIDDLE	ju Place 1	11.
MO PAG ORN ON O	16a. V	VAS DECEASED EVER IN U.S. ARA		DRY L SECURITY NO. 17	EVA 7. INFORMANT	, ADDRE		5/
	-	NO	ly ane cause per line far (a), (b), a BY: Pneumoni	86-2520 nd (c).)	1115-111921	e Coause	BSU/ WOSITER APPROXIMATE BETWEEN ONSE	E INTERVAL
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			e af the remains described above,	held an Autapsy  Suicide ,	Inspection Hamicide	, Inquiry ,	and in my apinian	43
AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH		ACTUAL SIGNATURE	a XDola	M.D.	Assistant	MEDICAL EXAMINER	DATE 4-28	:81
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TH BATTIMORE, MARYLAN		EXAMINER'S NAME Vergi	nia L. Dolan, M			n Strett		
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DHMH-17 (VR A15 ME (5))	24. FI	NAME SENA L'HI	Cus 252227	1- Norche	The MAY 6	D. BY REGISTRAR 25b. RE	CHETRAR'S SIGNATURE	
15M 2/80	77							



3 SEX    RACE   S. DATE OF BRITH   SACE   WITHOUT   WORLD   WO		4			STATE OF MARYLAND	63 4 - 11	Q /m
I. DECEASE NAME  II. DECEASE NAME  III. DECEASE NA	7	1.		DEPAR		GIENE O 1	, -
3 SEX    RACE   S. DATE OF BRTH   AGE   INTERESTINATION OF COUNTY OF BATTING   AND PROPERTIES   AGE   INTERESTINATION OF COUNTY OF BATTING   AND PROPERTIES   A			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
3 SEX    RARE   S. DATE OF BIRTH   S. DATE OF HOSE IN SOCIAL SECURITY NO.   19 BAILTHORE CITY OR COUNTY OF DEATH   S. DATE OF DATE   S. DATE OF HOSE IN SOCIAL SECURITY NO.   11 BIR SIDE CITY LIMITS?   12 STREET ADDRESS   S. DATE OF DEATH   S. DATE OF DATE   S. DATE OF DA	200			WIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SEX    FRACE   S. DATE OF BRITH   S. OND   S.	-		Ax	MA B	HUST N	4 2	2 198/ 1155
18 ENDING PRIVATE   18 ENTINO PROPERTY   18 ENTON PROPERTY   18 ENTINO	1 m	3 SE			S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 H
18. BIRTHPIACE   STATE ON FOREIGN   TO CITIZEN OF WHAT COUNTRY?   MARRIED   NÉVER MARRIED   NO CITIZEN OF COUNTRY OF DEATH   NEVER WIDOWED   NEVER MARRIED   NO CITIZEN OF COUNTRY OF DEATH   NEVER WIDOWED   NEVER MARRIED	93	F	EMAKE	Bunch	MONTH ISAY IAOZ	88 vns	MONTHS DAYS HOURS M
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160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   160 SOCIAL SECURITY NO   17 INFORMANT   160 SOCIAL SECURITY NO   160 SOCI	5	IA. FA		MIDDLE / J LAST			12A.I
The conditions if only which gove rise to immediate couse lost	BOC	(:	EBROW MI	(TREEN	PIARK C	1 LURNER	
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190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO   YES			BART 2 OTHER SIGNIFICANT	(6)		White Distant on Condition on	(FALINI DART 1/
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.:  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY STA	y injury,	Z	0 /	f		MINAL DISEASE OR CONDITION GIV	EN IN PART TO
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	d			- LUCIUS A MA MONITUR	DAY YEAR	THE DEPTER PATURE OF POURT IN HEM 18, I	ANI I GREARI EJ
		ICA					Design of the
		MED				CITY OR TOWN	COUNTY STATE
			AT WORK				
	7 111		saw the deceased alive as obove. (1) (we) (did) (did-	n 19	, and that in (my) <del>(our)</del> opinion	death accurred on the date and have	or and from the causes state
sow the deceased alive an 9/22/ 19 8/ , and that in (my) town opinion death accurred on the date and hour and from the causes state above. (1) (mg) (did) (did pat) view the body offer death	2		22b. SIGNATURE	/ ////	DEGREE		22c. DATE SIGNED
obove, (I) (wa) (did) (did-not) view the/body ofter death.			fran (	6. Chiffe	ATTENDING PHYSICIAN	MEDICAL STAFF	4/22/8
obove, (I) (wa) (did) (did-not) view the/body ofter death.						- Direction - Trivate in the	
obove, (I) (wa) (did) (did-not) view the/body ofter death.		<	774 PHYSICIAN'S NAME (TYPE	OR PRINT)	THE MODINESS		
obove, (I) (wa) (did) (did-not) view the/body ofter death.	1	<					
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Obove. (I) [ma] (did) (did not) view the body offer death.  27b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	1	230	JUAN CAR	LOS RUFFIC	ER	CITYORTOWN	COUNTY
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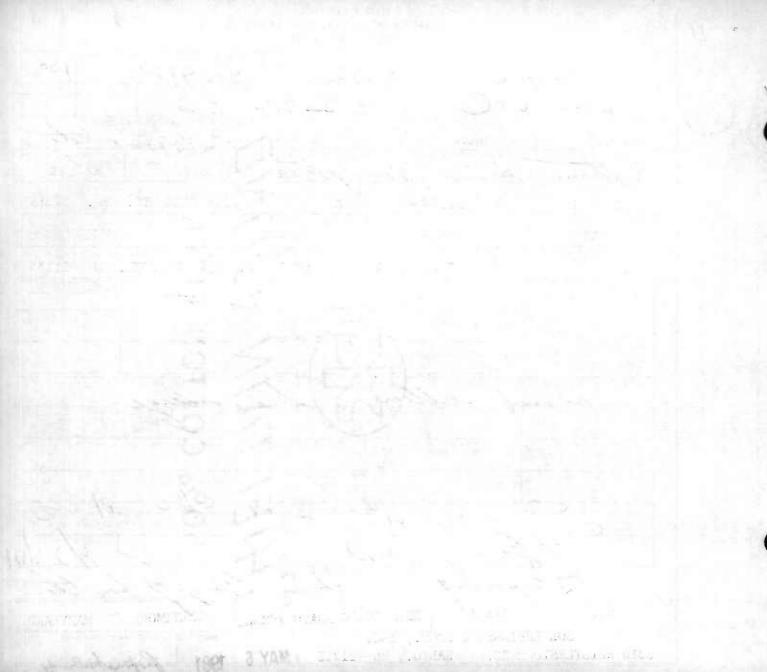
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thus .			REGISTRAR			CERTIF	ICATE OF DEAT		REG. NO		
a,c	, m.e	1. DE	CEASED NAME FIRST		MIDDLE	1	AST	20	DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
- Funeral	y be		EL	on	سا	Au	Sten			9 23	8/ 545 A
~ 4/29	Ê	3 SE	X C I	4 RACE	1.	5 DATE O			GE (IN YEARS LAST BIRT	HDAY) IF UND	DER LYEAR IF UNDER 24 HRS
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			IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY  USA	MARRIED WIDOWE	NEVER MARR	HED L	ALTIMORE CITY O	R COUNTY OF D	DEATH .
	er de fun within	10.8	NY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUT	ION 12a	USUAL OCCUPATI	ON 12	b. KIND OF USINESS OR
10	by the filed wi	K	Saltimore	Provi	dent Ho	spita	al	(TYF	E OF WORK FOR MOST O	F WORKING LIFE) TN	NDUSTRY ()
D 212	filled in ould be in	USU 130	AL RESIDENCE (IF NUR MILESTATE	OR OTHER INSTITUTION			13d INSIDE CITY LI	MITS? 13e.	STREET ADDRESS	Mitaha	ell's, VA
LAN .		I/ E	ATHER'S NAME		Mitchel	ore	YES NO		DOX 102	FILCCIE	II S, VA
8ALTIMORE, MARYLAND 2120	ond 2 sh ond 2 sh ond 2 sh		James	P.	Nast	1	Mar		WIDDIE	S1	aughter
ORE, I	Poges 1	160 \	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRE		
IW	S. Po		YES, NO OR UNKNOWN) (IF YES, G		138-03	-580	D Mary	E. Au	stin Box	₹ 102,	Mitchell'
8AL	hysicie poper novol.		18. CAUSE OF DEATH (Enter	only one couse per	line for (0), (b), 0	nd Ic	2420				BETWEEN ONSET AND DEATH
17	T C F >		PART I. DEATH WAS CAUS	IATE CAUSE (0)	-60	ande	orupu	entos	n don	-	
N N	ding orbo		4100	DUE TO O	R AS A CONSEQU	JENCE OF		(			ALL REAL PROPERTY.
EST	deoth ottend ove co thon, c		Conditions, if ony, which	( ıb)		ute	mzse	ander	el dus	artion	
8	by the ottendin by the ottendin sse remove carb i, cremotion, or other troumotic		gove rise to immediate cause ia, stating the	DUETO	R AS A CONSEQU	JENICE OF					
3	by by ose		underlying couse last.	(6)		2000	an ast	tim o	den		
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RDS	The The	NO.									
8	n. nos been permit. In prior ws ony ii	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATION	WAS PERFORMED	2	On AUTOPSY?	206. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
AL R	hos pe	E						Y	ES NO	-YES.	NO.
E .	ding physicio ding physicio s certificate burial-transit Mental Hygie	Ü	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH [	VEAD	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	PART 2)
Ö	SICIA ng phang pha	¥	OR CONTRIBUTING CAUSE OF E	DEATH		19					
O	HYS nding buri	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	the the cond	¥	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOW	N CO	DUNTY STATE
۵	00 0 0 5		22a.1 certify that (I) (this has	spital) attended th	e deceased from,	41	7, 19	81	10_9/2	3 19_6	F/, that (I) (we) lost
	Ok Alten DIRECTOR: sched for ur Dept of Hem 21 is		sow the deceased alive of obove, (1) (we) (did) (did)	on 7/23	19_	86 on	d that in (my) (our)	opinion death	occurred on the do	te and hour and	from the couses stated
	OK A e hos DIREC Dept f frem		22b. SIGNATURE	non view the body	Offer Decime	-	EGREE		***************************************	5	22c. DATE SIGNED
	AL OK A the hos AL DIREC detoched ote Dept TT: If Item		Juan	6.0	traffe	a ,	ATTEN	DING M	EDICAL STAF	F TANITRE	4/22/81
	A Sto de RA		226 PHYSICIAN'S NAME (TYPE	E OR PRINT)	11		22e ADDRESS	ICIAN U DI	CECTOR ratisfic	AIT	1 -2/-
	o HOSPITAL TO FUNERAL should be det with the Store		JUAN (	o Ru	PAE	P					
	retained by the TO FUNERAL IS should be deto with the Stote IMPORTANT: If	72- 5	DIDIAL CREMATION RELIGIO				METERY OR CREM	ATORY In	3d. LOCATION		
	1	230. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial	4/26/					CITY OR TOWN	COUNT	STATE
	BP		UNERAL DIRECTOR	1/20/	01	Jure	h Cemete	Pry DATE DEC	Mitch	ellls	VA
	AH - 16 60M 1/75 (VR A 15 (4))		NAME	D /++ 4 4	ADDRESS			250. DATE REC	2 7 1001	I SB. REVERAN	No and
	(*A 13 (*))	WI	m. C. March	F/H 1]	.01 E.	North	Aye.	HFK	~ . 1301		



6	FOR 1- STATE REGISTRAR	g G554 4/		DEPARTM	STATE ENT OF HEA KAMINER		MENTAL	-		O REG. NO	9	5	1	2
PEASE RECTOR R FILES. HOURS STREET,	1. DECEASED NA/ (TYPE OR PRINT)	Jerry		C •	Baby				OF DEATH	NOWN ESTI-	4		year 981	26. HOUR
MY. PLE DIRECT 2018: FID ON STR	Male	White	DATE OF BIRTH	19/13	AGE (IN YEARS LAST BURTHDAY) YRS.	MONTHS DAYS	R. IF UNDER		C. DATE RONOUNC DE AD	CED	MONTH 4	8	1981	2d. HOUR
S POR	FOREIGN COUNTRY Maryland	l .	76. CITIZEN OF W	A	w	AARRIED [	DIVOR	CED C	Balt	imore	Cit	Y Y	EATH	MD.
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RE, MD FEATH, 1 SES 1, 2, 3 A PM 2, 8 COTAL	14. FATHER'S NAM	nd L	MIDDLE W		ylon		THER'S MAID	EN NAME	Do	rothy		Beat	ver	331
ALTIMO AFTER [ 31VE PAG 11 FORA MAGES 1 71SION C	166. WAS DECEAS NO. OR UNK	ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		18-7014		ORMANT S. M. I	oroth	y Bab	ylon,		en V	allej	rs,Pa
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIRST OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. STETAIN PAGE 53: 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. TO FIRST HALL AND MENTAL HYGIENE, DIVISION GENTAL RECORDS, 201 WITHING TO BURIAL, CREMATION, OR REMOVAL.	Canditi gave cause ( lying co	OF DEATH (Enter an DEATH WAS CAUSED IMMEDIATED IN THE PROPERTY OF THE PROPERTY	(b)	R AS A CONSI	S END EQUENCE OF	intry d	-iver-	ART 1 (a);				BETW	EEN ONSET	AND DEATH
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE B BALTIMORE, MARYLAND, 21201 P	22s I cer death resu ACTUAL SIGNATURI EXAMINER' (TYPE OR PI	S NAME Thorn	e of the remains de col souses X.	Aerodorii [	, Svicido	Depu	Inspection	Undeter ef_MEDIC		nner .		ED 4/9		201
BALTE BALTE	230.BURIAL, CREM Burial	ATION, REMOVAL 2		23c. NA	me of CEMET		ATORY	23d. LOC CITY OF We S	ATION RIOWN TMINS	ter	Car	roll	, ST	YC .
/358 DHMH-17 (VRA15ME(5))	24. FUNERAL DIRI NAME Eline F	uneral Ho	me, Hamp	stead,	Md. 2	1074	25a. DATE	RECIS. BY	TEGISTS AF	25b. REGI	STRAR'S	FIGNATU	JRE	

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· 21	1.	FOR STATE		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		9 5	3
noy be page 3		REGISTRAR CEASED NAME FIRST CORPRINT)	MIDDLE		AST	4/29/PL	1/	58 <sub>4</sub>
Page 4 may director, pag nours after de	3. SE	<b>S</b> FEMALE	CAUCASIAN	5. DATE C	3 2795	6. AGE (IN YEARS LAST BIRTHDAY)  WAY  9. BALTIMORE CITY OR COUNTY	ONTHS DAYS HO	UNDER 24 H
er death. P		RTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND  ITY OR TOWN OF DEATH		MARRIE WIDOWI	D DIVORCED DO OTHER INSTITUTION	Ba Jem	Tizb. KIND OF B	
t hours offer by the day the day the filed v	(13a.)	AL RESIDENCE IN MUNICIPIE HOME IN STATE 136, COL	ACTIVITY TO SEE A SECOND	DENCE STREET ADMISSION OF TOWN	THE INSIDE CITY LIMITS P	HOUSEWIFE TO THE STREET ADDRESS ARK HTS.		OME 21215
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e executed n and camp Pages 1 an		NAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	20-24-7567	17 INFORMANT MRS	RD., RANDALLSTOWN		21133
low requires that the death is been signed by the attence erent. Then please remove or e prior to busiol, cremation, it is any injury, or other trauma	CERTIFICATION	Conditions, if any, which gave rise to immediate case (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  The DATE OF OPERATION	DUE TO, OR AS A C	CONSEQUENCE OF CONSEQUENCE OF UTING TO DE AS BUT OR WHICH OPERATIO	- 18	DECERTIFY	WERE FINDINGS	DEATH?
HYSICIAN; The I diding physicion in certificate ha burnal-transit pe Mental Hygiene or teen 18 show	MEDICAL CERTIF	The accident was underlying on contributing [] cause of a (in either, notify medical example). The NJURY OCCURRED	P.M.  21s PLACE OF INJE	ONTH DAY YEAR 19 JRY	211. LOCATION	YES NOTE NATURE OF PAULES AS TEM IL FO	- Stand	OP DIAIR
1.08 ATTENDING Professional or other the hospital or other the tacked for use as the Euched for use os the Euched to the Dept. of Health and If New 21 is marked.	ME	27h SIGNATURE	other of the body other de	910 21	nd that in (my) (our) applican DEGREE ATTENDING PHYSICIAN (	death occurred on the date and hour	19 P/ 1ho	1 [[(we)
TO HOSPITAL TO HOSPITAL TO FUNERA Thould be de with the Stent MARORTANT	73u.	BURIAL, CREMATION REMOV.	SIAB BA	JIL NAME OF BETH I	FMETERY OR CREMATORY SAAC ADATH IS	RAEL CITY OF BALTIMORE	COUNTY MAR	YLÄ'n
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G555 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

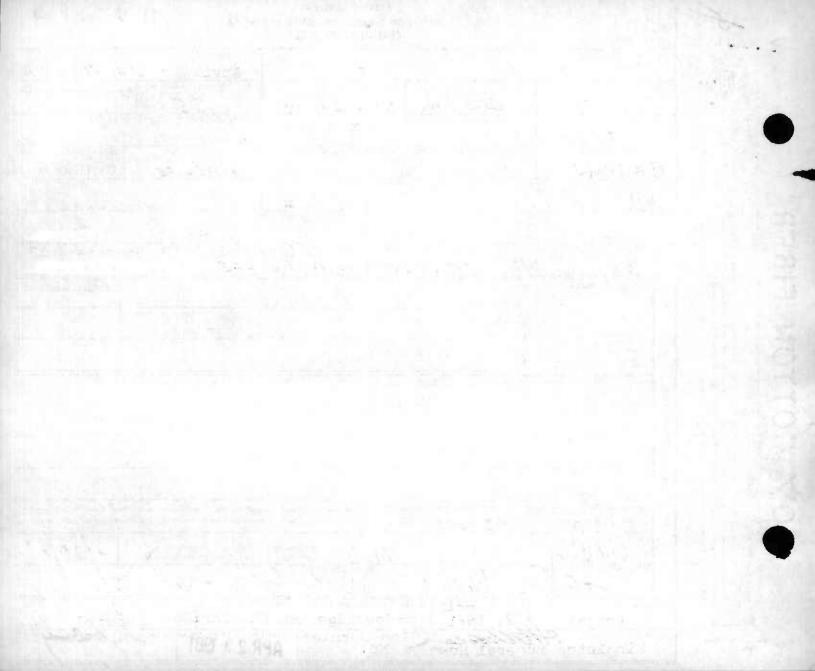
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		FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 1	0 9 5 1 5
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME 1957	WIDDLE	LAST	20. DATE OF DEATH MONT	
4 1 1 mm m	N. S. W.	Hae	Sun	Bae	April	20,81 10:251
是 不	3. SEX	APPLICATION OF THE PROPERTY.	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
8		Female	ORIENTAL	Aug. 20 45		YRS.
or the or		THPLACE (STATE ON POWERSON OUNTER)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	E CITY ,
offer d		ALTIMORE /	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SO. BACTIM	A	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  HOUSEWIFE	
24 hours	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR TATE. 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)  N \$13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	DOW LANE
pletely I	14, FA	THER'S NAME	HOOLE LAST WYVVE KIM	15 MOTHER'S MAIDEN NA Jung		Kang
and com		AS DECEASED EVER IN U.S. AR	MED FORCEST 16b. SOCIAL SECU	RITY NO. 17. INFORMANT (Hu	isband) ADDRESS	Same as # 13
9 6 6 6		// -	341 . 48  lly one couse per line for (o), (b), on D BY:		BAE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ned by the please rule of control.		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITIO	AND COMEN DA DA DE NO
Then Then to b	Z O	PART 2. OTHER SIGNIFICANT	2014 MBO 1870 10		MINAL DIOLAGE ON CONDING	ON GIVEN IN PART ((d)
he law requir	TIFICATION	PART 2. OTHER SIGNIFICANT (		OPERATION WAS PERFORMED	20g AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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G PHYSICIAN The law required of the state of the buriel-transit permit. Then it and Mental Hygiene prior to the red or them 18 shows any injury.	MEDICAL CERTIFICATION	194, DATE OF OPERATION  214, ACCIDENT WAS UNDERLYING.	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUP  21c. LOCATION	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)
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1	50		EASED NAME FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY YEAR	2b HOUR
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er de		3. SEX	магу	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	81	F.	EMALE	NEGROID	9-19-16	64	YRS. DAYS	HOURS MIN.
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O	1/4	1	1.6.	U.S.H.	WIDOWED DIVORCED	Baltimore	City	MD.
ified	23	10. CIT	OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
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a	7		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	1231	- Lelows
e medi	1		10 -	- 220-14-	7803 Elizabet	h Washine	aton	En Ed.
of, the			8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), an		C	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
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00	9		OR CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	FITEM 18 PART I OR PART 2)	
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edo			WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY	STATE
morked		- Н	AI WORK	tal) attended the deceased Iram_	4/9/20 10 81	10 4/30	10 8/	that (I) (we) last
21 is			sow the deceased alive on above, (I) (we) (did) (did no	9/29 10	and that in (my) (our) opinion	death occurred on the date	, , , , , , , , , , , , , , , , , , , ,	
Filem 21	-	7	2b. SIGNATURE	New the body differ death.	DEGREE			SIGNED
∏: ⊮	44		1 gr	000	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	40 4/3	30/81
TANT:		2	26. PHYSICIAN'S NAME (TYPE O		22e. ADDRESS			
with the Stote IMPORTANT: IF			DAN S.HE	FFEL	JOHNS	HOPKINS 1	40SP, TAZ	
5 4		3a. BU	RIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
_			SUMION	9-4-81 14	butus Mem. Ph	Balto	mo	/,
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1	- 3		CEASED NAME FIRST	WIDDLE	Da	AST A SIDE O	10	20 DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOUR
-		3. SE		T.	5. DATE C	DE BIRTH	VI	6. AGE (IN YEARS L	AST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS
M		J. 01.	Male	Negro	4	DAY	YEAR 8	62		MON1	THS DAYS	HOURS MIN
4	10		RTHPLACE (STATE OR FOREIGN OUNTRY) N . C .	76 CITIZEN OF WHAT COUNT USA	TRY? 8. MARRIE WIDOWE	D NEVER MAI	RRIED	9 BALTIMORE C Balt	iny <u>or</u> cou imore			MD
led with	31		Baltimore	11. NAME OF HOSPITAL, NU.	IRSING HOME		NOITU	12a. USUAL OCC (TYPE OF WORK FOR )			12b. KIND C INDUSTRY	OF BUSINESS OR
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ond 2 sh	30	14 FA	ATHER'S NAME Arthur	MIDDLE LAST Banner		15 MOTHER'S M FIRS Lil		AE	DDLE	1	alli	
Poges 1	2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIVI	WAR OR DATES)	12_333	17 INFORMANT		annerma	address n 628	Ma	in S	
ove corbonpopers. tion, or removal. oumatic event, the			4254 Conditions, if ony, which	ly one couse per line for (0), (b D BY: TE CAUSE (0) COVATO DUE TO, OR AS A CONS	pulman	any And	at					UMATE INTERVAL ONSET AND DEATH
Then please rem or to burial, crema injury, or other tr		NO	gove rise to immediate couse IoI, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (		TO DEATH BUT	NOT RELATED TO			CONDITION	GIVEN	IN PART 1(	01
ene prior	9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI				20a AUTOPSY	INCE		G CAUSES	NGS USED S OF DEATH?
the buriol-tronsit permit.  And Mentol Hygiene prior ed or Item 18 shows ony i	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH	19	21t LOCATION STREET		ED (ENTER NATURE C	OR TOWN		OR PART 2)	STATE
should be detoched for use as the k with the State Dept. of Health and a IMPORTANT: If Item 21 is marked o			220.1 certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE		19.81,01	nd that in (my) (or DEGREE	19	medical	STAFF A.	hour on	d from the	that (I) (we) lost couses stated SIGNED
ould be of the stern should be of the stern s			22d. PHYSICIAN'S NAME (TYPE O	RPRINT)		22e. ADDRESS			175			
~ 3 ₹.		23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COL	INTY	STATE

1101 E. North Ave

Cedar Hill Cem. Baltimore

Co

4/8/81

Burial

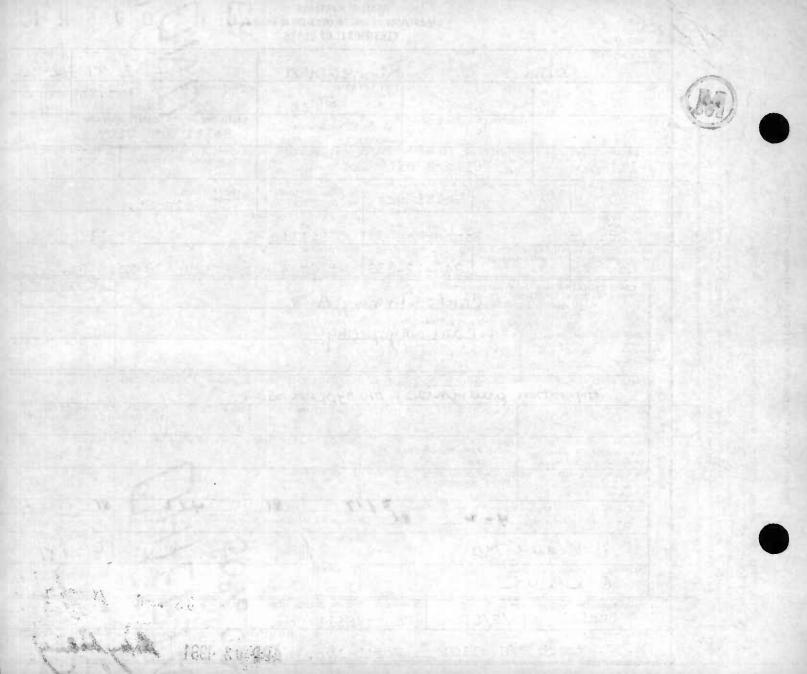
C. March F/H

24. FUNERAL DIRECTOR
WM . C . M

BP. DHMH-16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician

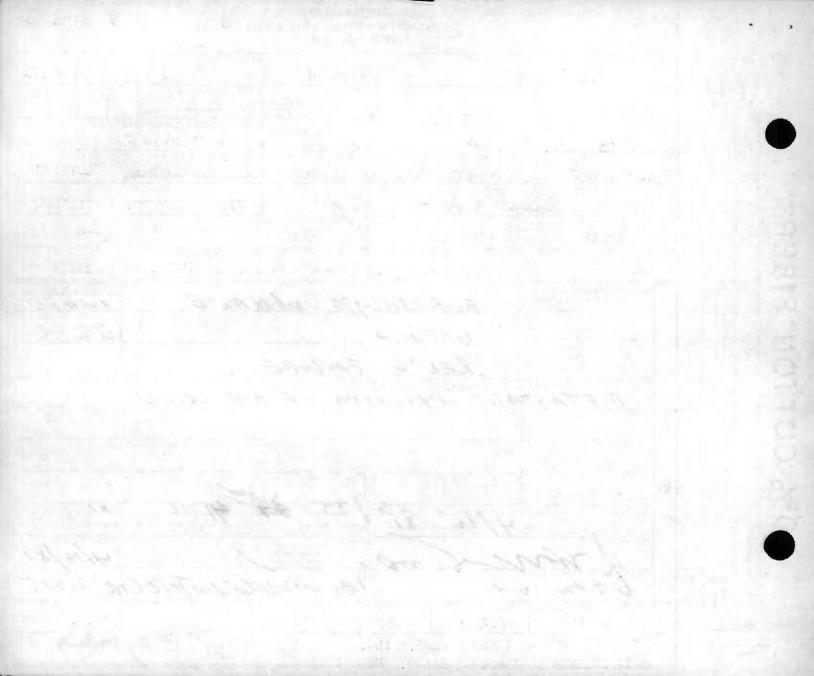
TO FUNERAL DIRECTOR: After this

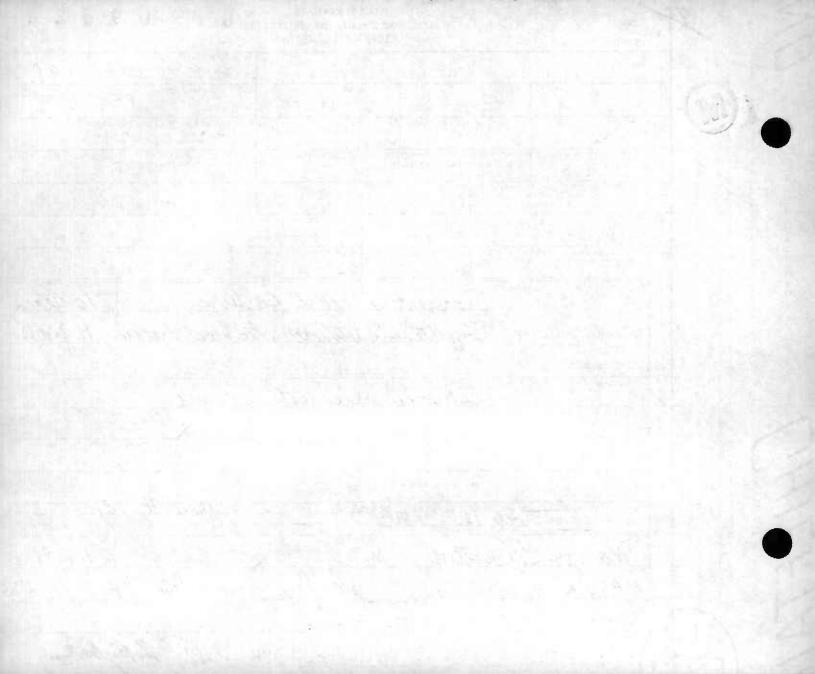


		FOR DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	8 I A	9522
1	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
M)		CEASED NAME FIRST MIDDLE CORPRINT) ERIC BOOK & GOT) R	Bannon-	20. DATE OF DEATH MONTH DA	- m.
s of the	3. SE		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER LYEAR IF UNDER 24 HRS
Sure.	Ja. B	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF	<b>v</b>
Sel Co		(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
3	USU	ALTIMORE ST. AGNES HOS  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO  STATE  136, CITY OR TO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	CTIT CT
Omine	14. F/	ATHER'S NAME FIRST  MIDDLE  LAST	15. MOTHER'S MAIDEN NA	ME Middle	STIE ST.
medical ex		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC YES, NO OR UNKNOWN) [18 YES, GIVE WAR OR DATES]	URITY NO. 17. INFORMANT	ADDRESS	K151
e med	•	(ii 15) ONE WAR ON DATES)	MICHAELE	P. BANNON 318	3.CASTLE
moval.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), o PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	nd(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ion, or re umatic e		7690 DUE TO, OR AS A CONSEQU	JENCE OF	ndoe'	
, cremotio other trou		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
to burial, ijury, ar s	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	N IN PART 1(a)
ws ony ir	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ond Mental Hygie		216. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING HOUR A.M. MONTH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY HOUR A.M. MONTH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
orkedor	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	FARM, ETC.) 21f. LOCATION STREET	( CITY OR TOWN	COUNTY STATE
21 is mo		27a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an above, (1) (we) (did) (did not) view the bady after death.	, and that in (my) (our) opinion	, to	, (., (,
Dept. If Item		22b. SIGNATURE Quy ou'	DEGREE ATTENDING PHYSICIAN A	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/15/8/
			22e. ADDRESS		MD 21220
ORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT)			MD, 21229
\$ Z-	230.	CeAsiona	ST, AGNES H	OSPITAL WILKEN	

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/ -	1	FOR STATE REGISTRAR			IT OF HEALTH AND	MENT AL HYG	IENE 8 1 0	9 5 2 3
may be	(TYP	CEASED NAME FIRST REURS			BARKO	N	20 DATE OF DEATH MONTH DA	0-81 8:25 AM
oge 4	3 SE	MALE	CAUC.		MONTH SY	1895	85 XXXXX YRS.	FUNDER 1 YEAR IF UNDER 24 HRS
he funeral di within 72 hoi		IRTHPLACE (STATE OR FOREIGN COUNTRY)  MASS ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING I	OME OR OTHER IN	ONORCED [	9. BALTIMORE CITY OR COUNTY OF BALTIMORE  12a USUANTENERION  17b OF WORK FOR MOST OF WORKING LIFE	CTTY MD.
4 hours of		ALTIMORE  AL RESIDENCE (IF NURSING HOME OF STATE  136 COU	LEVINDALE  OR OTHER INSTITUTION, GIVE RESILINITY  134 CIT	HEBREG	GERI-CEN		In Street Address	
vithin 24 h		MT. BA	MIDDLE .	ALTO.	YES 🗹	S MAIDEN NA		
complet S on S o	16a \	LOUIS  WAS DECEASED EVER IN U.S. A	BARKO	ON CIAL SECURIT	Y NO. 17. INFORM	ANNA EDW	ARD BARKONESS	UNKNOWN
be execution and co			IVE WAR OR DATES!	0-09-6		SURREY		
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or antending physician.  The this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be file the and Amental Hygiene priar ta burial, cremation, or removal.  Orked or Item 18 shaws any injury, or other troumotic event, the medical examiner funds be not account to the account of the property of the propert		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for ED BY: ATE CAUSE (a) ELA	ECTR	16476	insi	KANCE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  / M & D.
hat the death by the ottend use remove a i, cremation, other trouma		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		CEM,	FOF	lupi		ywks
requires the signed it. Then plection to be bridge in the buries of the plection to be buries in the buries of the buries in the buries of the	TION	METAS	MANC 0	MICI	TH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CONDITION GIVE	
The low r rician.  te has bee sit permit. Sit permit.	CERTIFICATION	19a DATE OF OPERATION			ERATION WAS PERF		YES NO YES	
PHYSICIAN: Tending physici this certificate te burial-transi ad Mental Hygi d or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	ATH HOUR A.M. MC	ONTH DAY	YEAR 19 211. LOCAT	_36_	ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
or offeno After this e os the b olth and /	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM	STREE		CITY OR TOWN	COUNTY STATE
he hospital of the hospital of		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (ye) (did) (did no 22b. SIGNATURE	-4/16	19 8	ond that in (my	() (our) opinion o	deoth accurred on the date and hour of	ond from the couses stoted
by the ERAL		22d PHYSH VAN'S NAME (TYPE	ORPRINT)	m		ATTENDING PHYSICIAN SS	MEDICAL STAFF PRECTOR PHYSICIAN	4/16/87
TO HOSPITAL retoined by to TO FUNERAL should be det with the Store IMPORTANT.	720	BURIAL, CREMATION, REMOVAL		172. NIAA	AE OF CEMETERY OR	MOM	-Cazlen Priz C	N 21215
7289		(SPECIFY) BURIAL	4/17/81	E	ETH JACOB	VESHEA	CITY OR TOWN	COBALTO: COSSIAMD
DHMH-16 30M 2/80 (VRA 15, 4)		SOL 6010 REISTERS	LEVINSON &	BROS.,	INC.	ADD	2 2 1981	

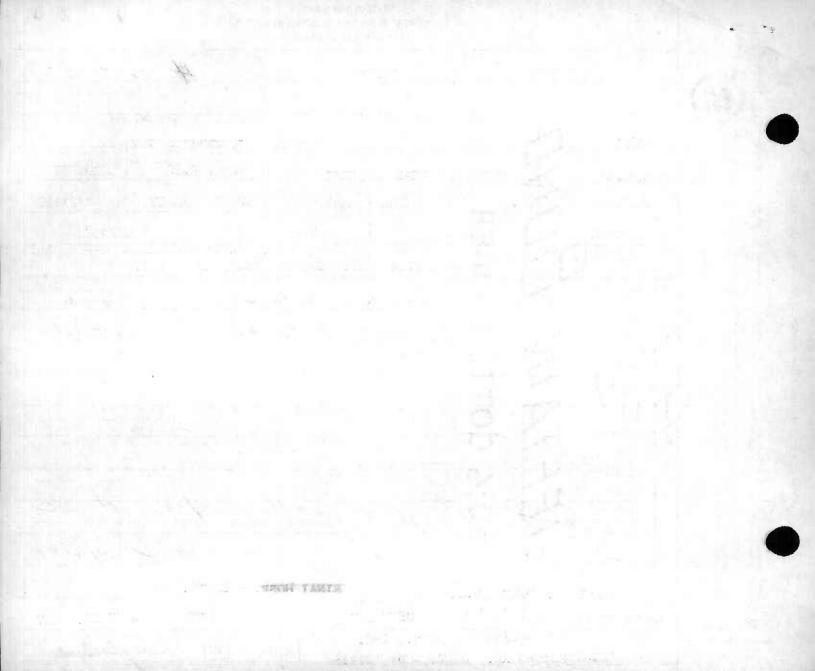




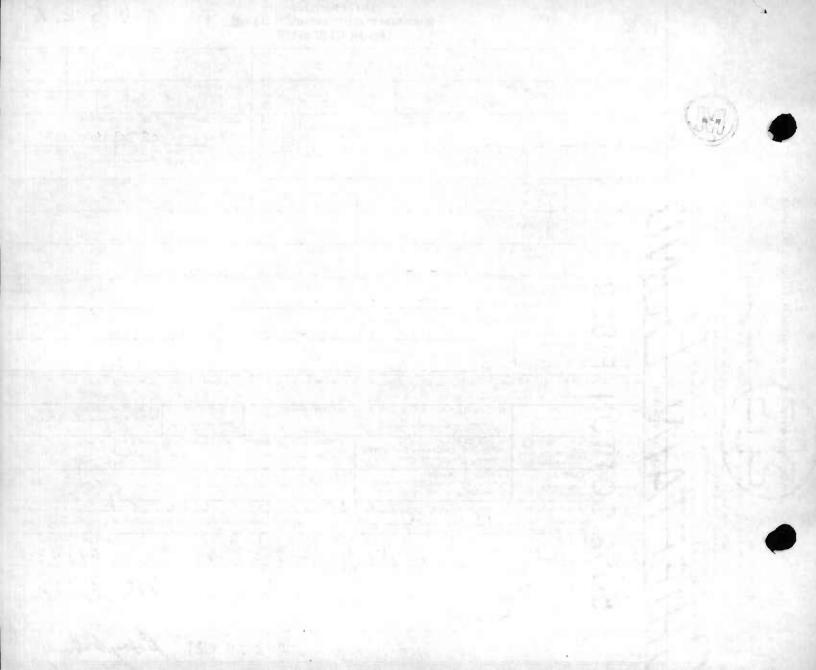
¥	FOR 1-STATE	#18a-22a F		DEPART	MENT OF H	HEALTH		ITAL HYGIE		0 9	5 2	5
(100)	REGISTRAR  1. DECEASED NA (TYPE OR PRINT)	AME FIRST		MIDDLE			JR.	ATE OF DE	20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 4- 19 81	26 HOUR
Y, REA	3. SEX male	4. RACE black	5. DATE OF BIRTH	YEAR 50	6. AGE (IN YEA LAST BIRTHDA' 30 YR:	RS IF UN Y) MONTH	DER 1 YR. IF	UNDER 24 HRS		MONTH 4-	DAY YEAR 4- 1981	4d:100R a M
POR YOUNTHIN	FOREIGN COUNT	(STATE OR RY) MD	76. CITIZEN OF W			8	ED NEVEI	R MARRIED DIVORCED	9. BALTIMORE CI	_	Y OF DEATH	MD
ANY DELAY IS N AND 3 TO THE FU RETAIN PACE 5 HECORDS SON W	Baltime	ore		r Land	Street ADDRESS)	t	ER INSTITUTIO		SUAL OCCUPATION R MOST OF WORKING LIFE)		OR INDUST	
21201 F ANY DEL AND 3 TO RETAIN ( RECORDS	USUAL RESIDEN 130. STATE MI	CE (IF IN NURSING NOME 13b. COUL		13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE CITY Yes 🛣	LIMITS?   13e. ST	reet address 7223 Jim	Rowe	Ct.	
DRE, MD. DEATH, F GES 1, 2, M PM 3, AND 2 SI OF VITAL	14. FATHER'S NA FIRST Edwa	ard	Thomas	Bar			La	ura	W.		Jones	
BALTIMORE URS AFIER DEA B. GIVE PAGES WITH FORM F F PAGES I AN DIVISION OF	16a. WAS DECEA (YES, NO, OR UN NO	ASED EVER IN U.S. AI KNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)	16b. SO	N/A	'NO.	Nec		. Barnes		Cedgat	e Rd
ST.,	30 Cond	E OF DEATH (Enter a I DEATH WAS CAUSI IMMEDIA itions, if ony, which rise to immediat	ED BY: ATE CAUSE (a) DUE TO, O	Narco		)F					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 F. "PENDING". IN PENCIL IN TER F. MEDICAL EXAMINER ALON ED ASA BURIAL. TRANSIT FER HEALTH AND MENTAL HYGER AL, CREMATION, OR REMOVA	lying PART 2 DTNI	(o) stoting the <u>under</u> couse last.	(c)		NSEQUENCE C		DR CONDITION GO	IVEN IN PART 1 (a).				
F VITAL REC E SHOULD B WORD "PEN WOSD WED AS NOT OF HEAL BURIAL, CR	19a. DATE	OF OPERATION	19b. COND	ITION FOR	WHICH OPERA	ATION W	AS PERFORME	ED?			20 AUTOPSY	? NO 🗆
FICATE SI THE WO OULD BE OULD BE ON TO BU		RNAL CAUSE WAS ING OR UTING CAUSE OF		M. MONTH	DAY YEAR	21c. HC	W INJURY O	CCURRED (ENTE	R NATURE OF INJURY IN ITE	M 18 PART I OR PAI		110 [
DIVISION HIS CERTING (ARDED TO AGE 3 SHATE DEPARTED TO	UNDERLY CONTRIB 21d. INJUR WHILE AT WORK	NOT WHILE AT WORK		OF INJURY CTORY, FARM, E	(AT HOME,		TREET		CITY OR TOWN	COL	YINU	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE SHOUL BE FORWARDED TO THE CHIEF TO FUNEAL DISTRICTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,	22a. l c	ertify that I took chorsulted fram: Nati	rge of the remains de ural couses X,	Accident		Autops	Hamicide TITLE (SPE	CIFY)	Inquiry , etermined manner [	and in my op  ,  DATE SIGNE	<i>l. l.</i> 0:	1
O MEDIC GECUTE T AGE 4 ST AGE 4 ST FIER DEA ALTIMOR		R'S NAME Marga						11 Penn	Street		ď	
P98248	(SPECIFY)	mation, removal Burial	236. DATE 4/9/81		t. Auk		Cem.	B	altimore		Ŋ	WD CIN
265 7 DHMH-17 (VR A15 ME(5)) 15M 2/80	24. FUNERAL DI	C. March	F/H ADDRE	. 01 E	. Nort	th A		APR	by registrar 256. F	A STATE OF THE PERSON	IGNA IRE	4

Special and the second second second second

DIVISION OF VITAL RECORDS



6	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	0 9 5 2 7
o p p		CEASED NAME FIRST JOHN	WIDDLE	BATTLE			ONTH DAY YEAR 26. HOUR 4 23 81
de pod	3. SE	X MALE	4 RACE BLACK	S. DATE OF B	15° 1909	6. AGE (IN YEARS LAST BIRTHD	MAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED X WIDOWED	X NEVER MARRIED	9. BALTIMORE CITY OR	TACE
- 4+ 19 30C	10 C	ALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 1614 BRADDIS	SING HOME OR (	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	N 126. KIND OF BUSINESS OR
10 2120	USU 130.	AL RESIDENCE (IF NURSING HOME STATE 13b, CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	d Inside City Limits?	RETTRED	ISH AVENUE
BALTIMORE, MARYLAND 2120 core be executed within 24 hours sysicion and competely filled in broofs. Pages 1 and 2 thould be the your.		ARYLAND ATHER'S NAME FIRST SID	MIDDLE LAST BATTLE	15	MOTHER'S MAIDEN NA	ME	PIERCE LAST
IMORE, A	16a.	WAS DECEASED EVER IN U.S.		CURITY NO. 17	LEON BATTLE	ADDRESS	Address New York Co.
is, 301 W. PRESTON ST., ires that the death certificate by the ottending plan please remove, corbang barial, cremotion, or remover, or commony, or content to other transmittic every, or other transmittic every.	2	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	Only one couse per line for (9), (b), (SED BY:  IATE CAUSE (0)  DUE TO, OR AS A ONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	DUENCE OF	or Maried to the term	WHILE ASE OR CONDI	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  4 - Sycau  TION GIVEN IN PART 1(0)
VITAL RECORDS  N. The low requivisition. Cote has been six cone has been six hygiene permit. The Hygiene prior to I Hygiene prior to I B shows any injur	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC			YES NOL	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
C PHYSICIAN. The other distribution of the state of the s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF ( (IF ETHER, NOTEY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHEE AT WORK AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR	IL LOCATION	RED (ENTER NATURE OF INJURY I	
TENDIII irol or OR: A Or use or use of Heold		220.1 certify that (1) (the horsest sow the deceased alive	on and view the body ofter death.		that in (my) (aux) apinion	to 042 death occurred on the date	3 & 19 that (1) two) lost e and hour and from the couses stated
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O HOSPITAL  TO FUNERAL  TO FUNERAL  Stabolide be det  with the Stole  MAPORTANT:		V. RAY	In.		2225 W	moth	ne 21216 -
1506		BURIAL CREMATION, REMOVI SBURIAL	4 28 81 23	ARBUTU		BALTIMORE	MARYLAND STATE
DHMH-16 60M 1/73 (VR A 15 (4))		UNERALDIRECTOR LIZABETH L. PH	TLLIPS 1721 NOR	TH MONRO	F ST APR	2 9 1981	b PGISTRAR'S SIGNATURE



1 - FOR REGIS			ST DEPARTMENT OF DICAL EXAMI	HEALT		ENTAL H	0 1	REG. N	9	5	2 8	3
1. DECEASE (TYPE OR PRI		ER	MIDDLE		BA'	TTLE	20. DATE OF DEATH	KNOWN ESTI-	<ul><li>2 MONTH</li><li> 4 -</li></ul>		YEAR 981	76. HOUR
3. SEX male 70. BIRTHPL FOREIGN C NO.	4. RACE black	5. DATE OF BIRTH	1 921 6. AGE (IN LAST BIRT)			IF UNDER	24 HRS. 2c. DAT MIN. PRONOL DEA	INCED	MONTH	DAY		TO:OI
70. BIRTHPL FOREIGN ON NO.	RTH CAROLINA	76. CITIZEN OF WH		B. MARE	VED NEV	VER MARRI DIVORCI	IED U	MORECITY Ltimor	_		ATH	MD.
90 Balti		2420 Harl	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS CEM Avenue	5)	HER INSTITUT	TION	120. USUAL OCCI	UPATION (TY		12b. KIND OR II	NDUSTRY	
3 130. STATE	DENCE (IF IN NURSING HOME OF 13b. COUN		130. CITY OR TOWN		13d. INSIDE CI	TY LIMITS?	130. STREET ADDI	RESS ROFTON	ROAL	)		
14. FATHER E	D Control	WIDDLE	PREE		DO		EN NAME	BATT		LA	ST	
(YES, NO,		WAR OR DATES)	244 12 3		MRS.		E WILLIA	ADDRES MS 61	8 S.		STR	
NATION, OR R	Canditions, if any, which gave rise to immediate cause (a) storing the under- ying cause last.  2 OTHER SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENC		SE OR CONDITION	N GIVEN IN PAR	RT 1 (g),					
CERTIFICATION 190° E	DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION V	VAS PERFOR/	MED?					TOPSY?	NO 🍱
S S UND	XTERNAL CAUSE WAS ERLYING OR TRIBUTING CAUSE OF D	DEATH P.M.	MONTH DAY YE	AR		OCCURRE	D LENTER NATURE OF I	NJURY IN ITEM T	8 PART 1 OR PA	ART 2)		
	NJURY OCCURRED  LE NOT WHILE CORK AT WORK	21e PLACE C STREET, FACTI	OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET		CITY OR T	OWN	cc	YTHUC		STATE
dea	Million	e af the remains description of the remains described on the re		Autap Suicide	Hamici	PEC IFY)	Undetermined n	nanner .	DATE		-81	
(TYPE	OK PRIMITY	urgarita A	•				Penn Str	eet				
(2bfClbA)	DOTELIA	4/9/81	NORTHEA			TERY	ROCKY"N	A Company	,	ECOME		F. C.
NAME	VIS T. GWYNN	4517 PAR	K HEIGHTS	AVEN	JE	APR	1 0 1981	AR 256. REG	ISTRAR'S	SIGNATUR	-dy	

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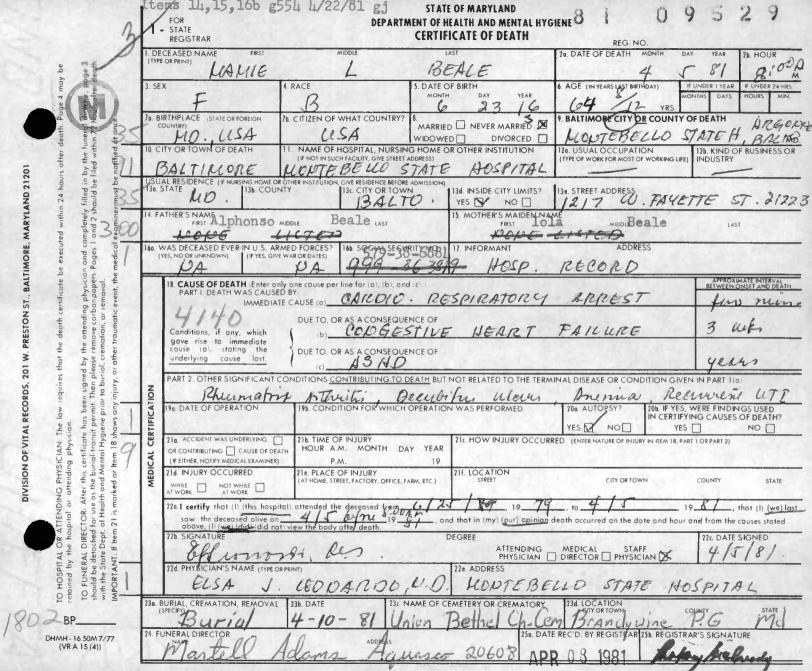
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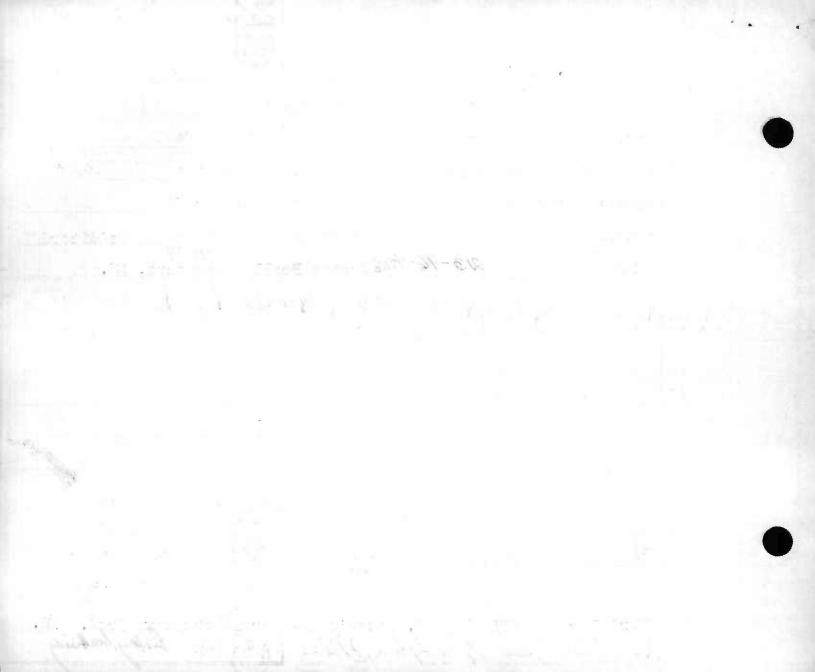
APRIL 1991 BERLEVELE

Editor ...



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	•	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8   REG. N	0 9	5 3 0
			CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 7b. HOUR
ğ	0 4 1 3	(1117)	DAN	IEL '	13	EALL		4-24-8	8/ 6:30 AM
ge 4 moy	(M)	3. SE	MALE	A RACE WHITE	S DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDE MONTHS  YRS. 3	DAYS HOURS MIN.
o de	22.03	0	RTHPLACE (STATE OR FOREIGN DUNTRY) APXLAND	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOW	D NEVER MARRIED X	BALTIMORE CITY O	_	AD.
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24 hour	ould be to			OR OTHER INSTITUTION, GIVE RESIDENCE BEFUNTY 134 CITY OR TO		134. INSIDE CITY LIMITS?	13. STREET ADDRESS	7	
ed within	mpletely ond 2 sh	14. FA	THER'S NAME FIRST  DANIEL	MIDDLE LAST	16	15 MOTHER'S MAIDEN NAM FIRST JEANNE	MAMILE	F Po	eddicord
e execut	Poges		VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN) (1F YES, G	ARMED FORCES? 166 SOCIAL SE (1882)	CURITY NO	Jeanne Bea	Box <sup>or</sup> 11 Dama		
equires that the death certificate b	n signed by the ottending physicia Then please remove corbonpopers rto burial, cremotian, ar removal injury, or other traumatic event, the	NOI	PART I. DEATH WAS CAU IMMEDI  7 44 0 0 Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	DUENCE OF CEPHA QUENCE OF	LY		1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MAKEDIATE  3 IN 7H
The low r	te hos bee ssit permit rgiene prio shows ony	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO		20a AUTOPSY? YES NO	IN CERTIFYING (	E FINDINGS USED CAUSES OF DEATH? NO [
GICIAN:	entificate riol-tronsil entol Hygi frem 18 sh		71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)
JG PHYS offendin	ter this os the but hand Medarl	MEDICAL	ZIE IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wh''s cou	UNITY STATE
TTENDIP pitol or	for use of Healt		saw the deceased alive	spital) attended the deceased from on	P/	nd that in (my) (aur) opinion (	deoth accurred an the d	. 17	rom the causes stated
HOSPITAL	TO FUNERAL DIRECTORY Should be detached with the State Dept AMPORTANT: If them		724. PHYSICIAN'S NAME (TYPE	Jery EORPRINT)		DEGREE  ATTENDING PHYSICIAN  270 ADDRESS  ACCUT  WASHIM	MEDICAL STA	FF	AL DATE SIGNED  H-24-8/
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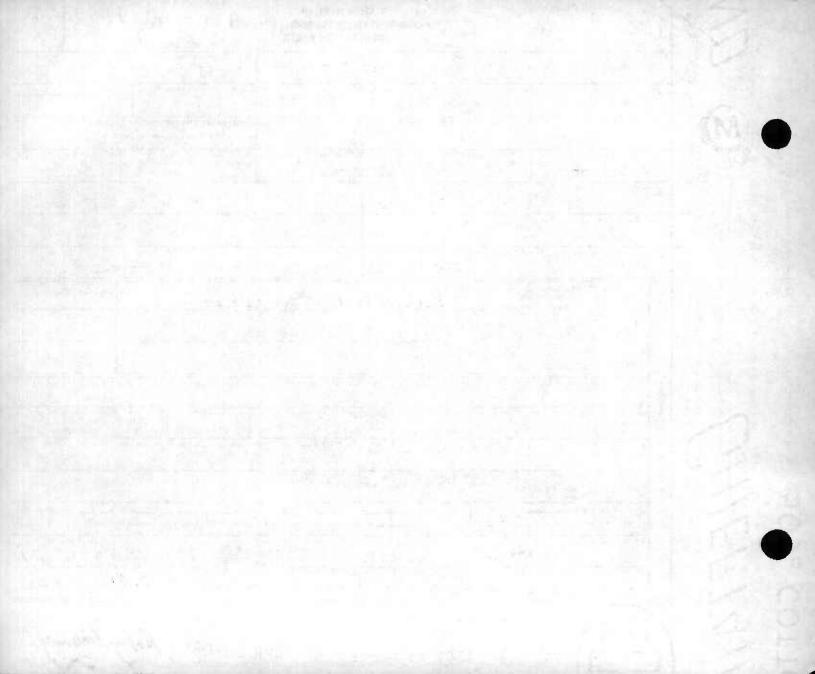


	X	1.	FOR STATE REGISTRAR		DEPARTA		CATE OF DEATH	GIENE O REG. N	0	
			CEASED NAME FIRST		MIDDLE	LA	ST	2a. DATE OF DEATH		YEAR 26 HOUR
ge 3		(TYP	EDWA	ed	J.	िं	EAN		4/12/81	635 M
mo		3. SE	X	4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDE	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
96			MALE	But	ick.	03	25 86	75	YRS.	DATS NOOKS MIN.
8	e e		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	ATH
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offer d the fu	38	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION 12b.	IND OF BUSINESS OR USTRY
by file	5>0		ALTIMORE /	Univer		Mary	land Hospital	. ret. lumbe	r worker C	umber
D 21201 4 hours of the by lid be file	Ď	130.	STATE IM COU	R OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AND n. 24 n. 24 nauld	35		md.	10-57	Bultinu	xe.	YES NO	1 11 11 11	iften 400	inne.
MARYLAND ed within 24 mpletely filler and 2 shauld	O Camina	14. F.	ATHER'S NAME FIRST	MIDDLE	Beam	K L	15. MOTHER'S MAIDEN N. FIRST	MIDDLE		LAST
+ C		160.	Pobut WAS DECEASED EVER IN U.S. AI	PANED ECDCES?	16b. SOCIAL SECU		17. INFORMANT	ADDR	FSS	
BALTIMORE, tote be execuysician and a opers. Pages I	medical	100.	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)					woodt	20 Bull 114
E 0 0 5	ø.		No		216-05.		Jenifer Glor	ig II.		
certificate ing physici removal.	ent, th		18 CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUSE	nly one couse per ED BY:	4 ,		^			APPROXIMATE INTERVAL
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on the condin	DITO		4275	DUE TO, O	R AS A CONSEQUE	NCE OF				
death c	000		Conditions, if any, which	(b)						
the the emo	e		gave rise to immediate cause (a), stating the	DUE TO. O	R AS A CONSEQUE	NCE OF				
that that d by eose ol, cr	0		underlying couse last.	(c)_						
20 es	ō ×		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN F	PART 1(a)
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bee mit.	ou \	1	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		FINDINGS USED
rAL RE cian.	Sm &	E E		100				YES NO	YES T	AUSES OF DEATH?
	a show	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY OCCU		URY IN ITEM 18, PART 1 OR	PART 2)
OF VIT	ltem /		OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH DA	AY YEAR				
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the hit DIRI	<u>∓</u>		27h SICHATURE	3 - 1	4.		DEGREE ATTENDING	MEDICAL STA	EE A	C. DATE SIGNED
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Of	<	23a	BURIAL CREMATION, REMOVA	L 23b. DATE	23 c. N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(VRA 15, 4)		1	arthor ( Don	9635	ADDRESS 1012	2 Pen	Ave. Nr	P 1 3 1981	The firmy	Brethredy
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	FOR		S	TATE OF M	ARYLAND		0 9	3	2
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10	REGISTRAR	FIRST	MEDICAL EXAM				REG. NO.		
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5	FOREIGN COUNTRY)	11.4	= A		D NEVER MAR	RIED 📋	_		
10	CITY OR TOWN OF DE	TATH U NAME OF	HOSPITAL, NURSING H	WIDOWE	, -	Dati	more Cit		MD.
2	CITTOR TOWN OF DE		CH FACILITY, GIVE STREET ADDRI		KINSTITUTION	FOR MOST OF WORK	ATION (TYPE OF W	OR INDUS	TRY
>	Baltimore	Johns	Hopkins Ho		(DOA)	Steel w	orker	STEE	L-
130	UAL RESIDENCE (# IN N . STATE	URSING HOME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE ADA		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	25		
	Md.		BAITC		YES NO [		effer	son St	
	FATHER'S NAME				15. MOTHER'S MAIL	DEN NAME			
O.	John	WIDDLE	Beasle	v	Nettie	B. "	DDLE VILLE	TAKER	
160	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	D.	ADDRESS	THKEK	
4	(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	225-10			Tach		96	A 4
$\vdash$	NO	Rone		1233	Marie A	- IEGTM	yer JII	8 Greenme	
	PART I DEATH V	ATH (Enter only one cause per WAS CAUSED BY:						APPROXIMAT BETWEEN ONS	E INTERVAL
9	1100	IMMEDIATE CAUSE (a)			ardiovasc	ular disea	se	The President	
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	14270		OR AS A CONSEQUEN	CE OF				DIRK.	
	Canditions, if	immediate (b).							
	cause (a) statin	g the under DUE TO	OR AS A CONSEQUEN	CE OF					
	lying cause last	<u>t.</u>							
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO O	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE (	OR CONDITION GIVEN IN A	APT 1 in			
Z						ART I W.			
CERTIFICATION	19a. DATE OF OPER	RATION 196 CO	NDITION FOR WHICH O	PERATION WA	S PERFORMED?			20 AUTOPSY	12
5									
4 5	21g EXTERNAL CAU	ISE WAS 1215 TIME	E OF INJURY	Tat 11-	NA/ (N.I.) (IDV:	AFP.		YES X	NO 🗌
2 2	UNDERLYING			EAR ZIC HO	W INJURY OCCURR	RED LENTER NATURE OF INJU	JRY IN ITEM 18 PART 1	OR PART 2)	
1 3	CONTRIBUTING	CAUSE OF DEATH	P.M. 19						
MEDICAL	21d. INJURY OCCUP		CE OF INJURY (AT HOM FACTORY, FARM, ETC.)		ATION	CITY OR TOW	7A.1	COUNTY	STATE
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		t I taak charge of the remains				an L. Inquiry	☐, and in n	ny apinian	
	death resulted fra	m: Natural causes LX	Accident,	Suicide,	Hamicide	Undetermined ma	nner 🔲,		
	ACTUAL	ha O	1		TITLE (SPECIFY)		_		
-	SIGNATURE	AMA	XV _	M.D	o. <u>Assista</u>	Int MEDICAL EXAM	INER SI	ATE IGNED 4-15-	81
>-	EXAMINER'S NAME	// /				444 B			
5	(TYPE OR PRINT)	Ann M. Dix	on, M.D.	A	DDRESS	111 Penn S	t.		
23a.	BURIAL, CREMATION,		23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		COUNTY S	1475
1	BUYIAL	APRIL 18.	1981 OAK	LAUN		BRITA		M	Å.
24.	FUNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAF	25b. REC45TR	R'S SIPPLEMENT	7
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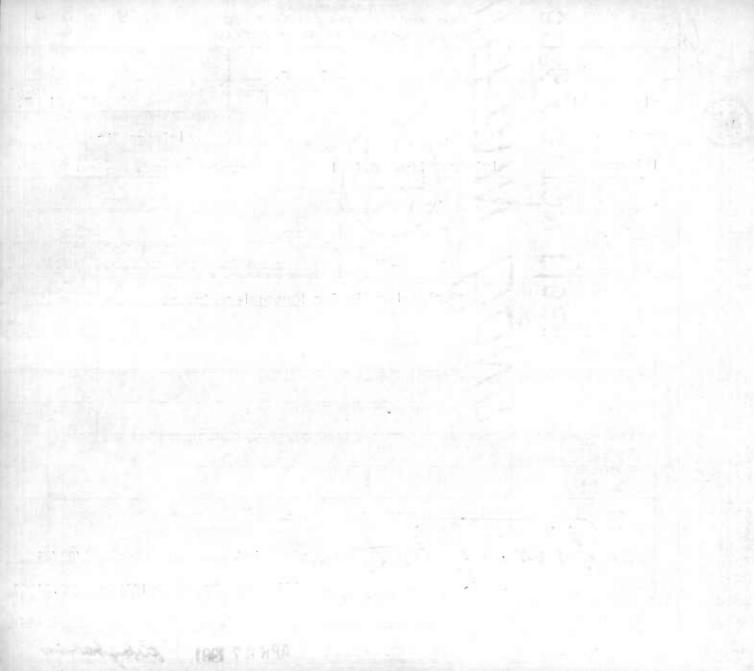


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(2)		REGISTRAR			MED	ICAL E	MAX	IER'S	ERTIF	CATEO	F DEAT	H	REG. NO				
7		EASED NAME	FIRST		- 1	MIDDLE			LAST		20	DATE K	NOWN D	HTHOM	DAY	YEAR	2b. HOUR
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3	. SEX	7.55	4. RACE	5. DATE OF	BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER				MONTH	DAY		2d. HOUR
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₽		RTHPLACE (ST	ATE OR	7b. CITIZEN	OF WHA	TCOUNT	RY?	8. MARR	ED 🔀 NE	VER MARRI	ED 🗍 9	BALTIMO	RE CITY O	COUNT	Y OF DE	TH	
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		timore	OF DEATH	11. NAME C	OF HOSPI SUCH FACIL	TAL, NUR	SING HOMI	E, OR OTH	ER INSTITU	NOITI	FOR MC	OCCUPA OST OF WORKIN	TION (TYPE	OF WORK	Sel:	OF BUS DUSTRY	INESS
		L RESIDENCE	IF IN NURSING HOM	E OR OTHER INSTITU					2 1		1						
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	14. FA	THER'S NAME	m	WIDDLE		Bec	AST K			ER'S MAIDE FIRST ary	N NAME	MIDE		В	ucht	a	
i	6a. W		EVER IN U.S. A		?		AL SECURIT	Y NO.	17. INFOR			_	2029				pad
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	FICATION	Condition gove risi cause (o) lying cous	s, if ony, whice to immedio stating the under the last.	ATE CAUSE (o)  the (b)  the (b)  DUE 1  (c)	TO, OR AS	S A CONS	SEQUENCE (	OF OF IINAL DISEASI	DR CONDITIO			Disea	se		20. AUT	OPSY?	HTABO DAN
	E														YES		NO X
	MEDICAL CERTIFICATION	21d. INJURY O	OR CAUSE O	HOU F DEATH	P.M.	HTMON	19	21f LO	CATION	Y OCCURRED		TURE OF INJUR	Y IN ITEM 18 P	ART I OR PAR			STATE
2	3a. BU	death resulte  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN  RIAL, CREMAT	NAME Thon	nas D. S	Smith	1 , M.	D.	METERY O	Homin TITLE (S	specify) Ity Ch	Undeter  i extedic	Inquiry [ mined monn  ALEXAMIN  Treet  ATION TOWN  Timo	er [],	DATE SIGNED	- 4/2 - M	D. 21	201
		Crema		4/24/	198	l Gr	een l	Moun	t							ary	land
1	24. FU	NERAL DIRECT	or Duda	-Ruck,	ADDRESS	c.				25a. DATE R			25b. REGIS		1		
П	70	22 Wi	Se Ave	nue D	nind:	alk.	MD	212	22	LADD	9 17 4	004	1	4	Ma Ca	andro	



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Mitchell-Wiedefeld Home, Inc.

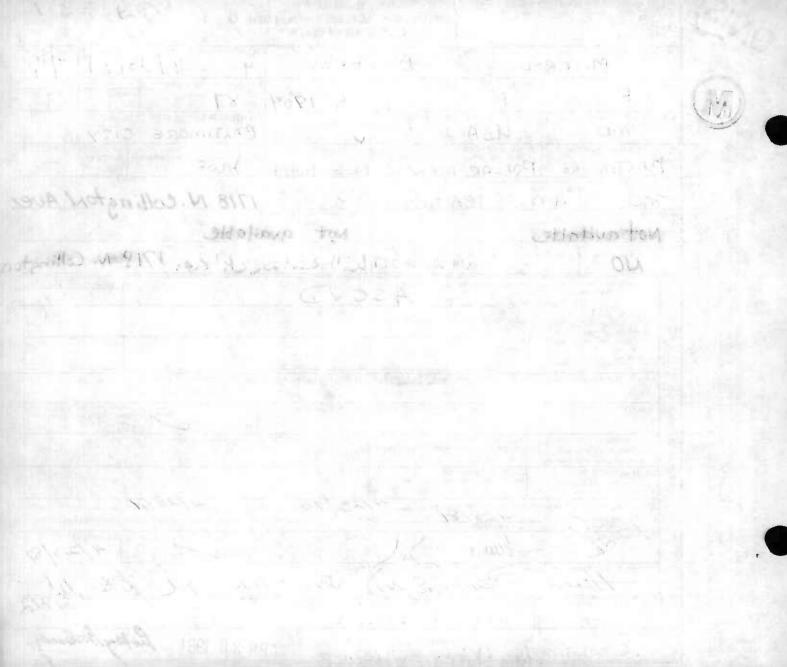
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STATE OF MARYLAND  POR STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF PEATH MONTH DAY YEAR 2b. HOUR	
oy be	TdA A. Bedrego 2/13/81/84	М
90 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3. SEX  4. RACE  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  6. AGE (IN YEARS LAST BIRTHOAY)  FUNDER 1 YEAR  MONTHS  DAYS  HOURS  MI  YEAR  72  YRS	. S
ooth. Po	70. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   PALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   BOOK   COUNTY OF DEATH   WIDOWED   DIVORCED   BOOK   COUNTY OF DEATH   WIDOWED   DIVORCED   BOOK   COUNTY OF DEATH   WIDOWED   DIVORCED   BOOK   COUNTY OF DEATH   COUNTRY   C	440
ofter dec	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  At Home	OR
2120 hours be fil	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	_
AND 2 n 24 ho filled hould b	136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS 6019 Greenspring Avenue	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours in orthonoring physician.  Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or other traumatic event, the medical examiner must be to a contract or the contract o	14 FATHER'S NAME  FIRST  DEFMINER HACHEL  15. MOTHER'S MAIDEN NAME  FIRST  Theodica domber!	_
d co	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
be execu	No Ruth E. Paul 6019 Greenspring Avenue	
ST., BALT refficate by physicia physicia emoval.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) respiratory failure  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT  WITH COMMENT OF THE PROXIMATE INTERVAL BETWEEN ONSET O	Н
TON S  oth cer ending e corbo in, or re motic e	4960 DUE TO, OR AG A CONSEQUENCE OF L	
01 W. PRESTON i. that the death ce d by the attendini lease remove corb iol, cremation, or re- or other traumatic	gove rise to immediate cause (a), stating the DUFTO OR AS A CONSEQUENCE OF	
201 W es that ned by please urial, cr	underlying couse lost.  (c)  PART 2. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TQ THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(q)	_
PRDS, 2 require en signi e. Then p or to bu	of O decubitis ulcerations (3) malnutrition (3) congestive heart failur	2
AL RECOR	190. Date of operation 190. Date of operation 190. Condition for which operation was performed 200. AUTOPSY? 210. If YES, WERE FINDINGS USED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UN	
ON OF VITAL RI YYSJCIAN; The Iding physicion. is certificate hos buriol-tronsit per Mentol Hygiene or Item 18 shows	OR CONTRIBUTION CONTRACTOR MONTH DAT TEAR	
DING PHYS.CLAN. or offending physicans. After this certificate of the buriol-tron oith and Membal by, marked or Item 18.	OR COUNTRIBUTION COUNTY  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	
DIVISION BY ING PARTER THE OSTHER THE OSTHER	AT WORK LL AT WORK LL	
TEN or us of He	12nd certify that (I) (this peopled) attended the deceased from	ost
OR AT OR AT DIRECT Oched f Dept. of H them 3	DEGREE ATTENDING MEDICAL STAFF	
HOSPITAL O	PHYSICIAN DIRECTOR PHYSICIAN 2	
TO HOSPITAL OR A retained by the hospital DIRE should be detached with the State Dept MADORTANT; if them	JTEPHEN L. SMITH, MD 2000 W. BALTIMORE ST. BALT. 21223	
0110	236. BURIAL, GREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY BURIAL BURI	
740 BP	The state of the s	
DHMH-16 30M 2/80	24 FUNERAL DIRECTOR  NAME  AOORESS  250. DATE REC'D. BY REGISTRAR 35. HE THAN S SIGNATULE  AOORESS	
(VRA 15, 4)	Burgee Funeral Home, Baltimore, Maryland APR 15 1981	

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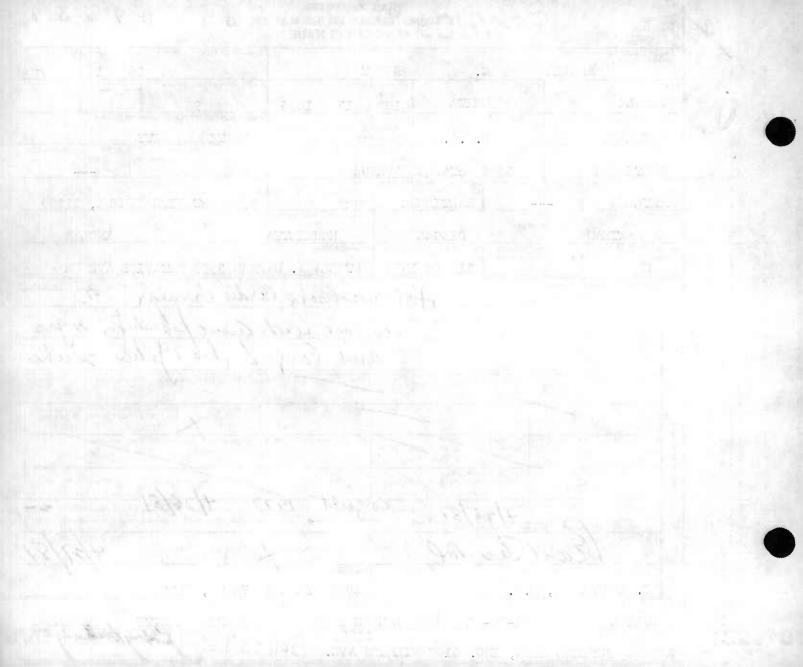
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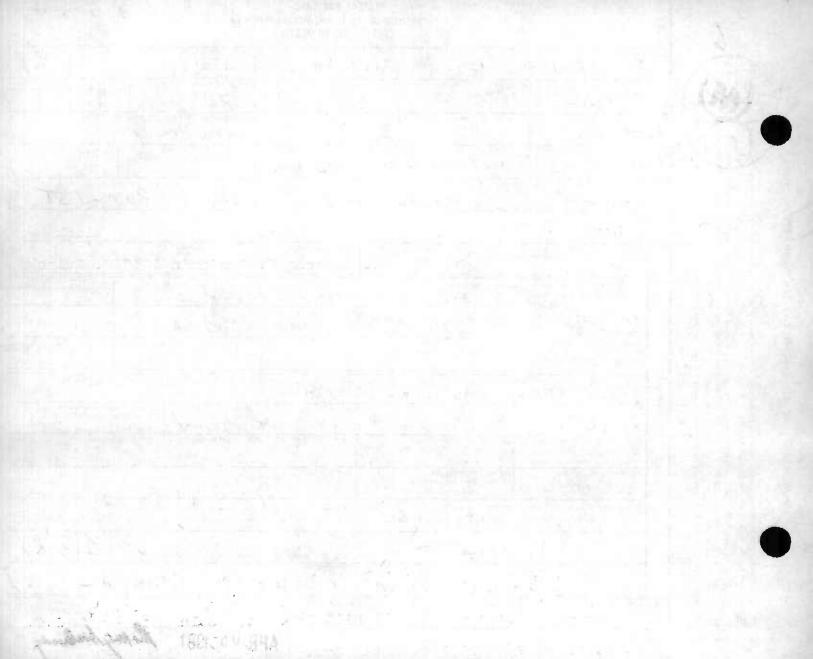
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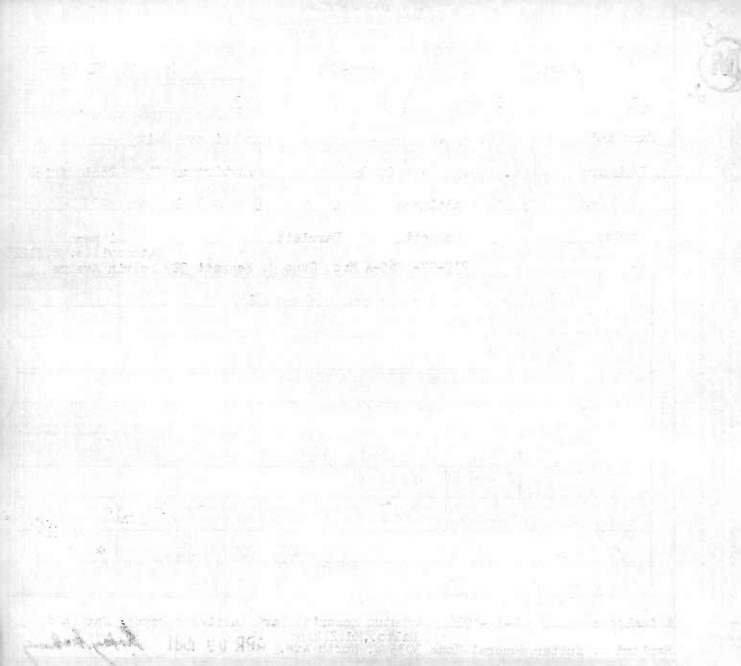


6	1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYO	REG. NO.	
60 be	1. DE	CEASED NAME FIRST	A MIDDLE	35	NJAMIN	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(Mg)	3. SE	* HEMALE	4 RACE	3. DATE C		6. AGE (II) EARS LAST BIRTHDAY)  70  YR.	IF UNDER LYEAR IF UNDER 24 HRIS MONTHS DAYS HOURS MIN. S
ter deoth. To within 72 j		S.C.	76. CITIZEN OF WHAT COUN USA	MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF COUNTY	
on the furth of th	100	SACTIMORE	NAME OF HOSPITAL N	URSING HOME C	PM INC	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 12% KIND OF BUSINESS OR INDUSTRY
AND 212 AND 212 filled in rould be it	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		TOWN	13d IN IDE ITY LIMITS?	130 STREET ADDRESS . F	WASKI ST.
BALTIMORE, MARYLAND cote be executed within 24 vysican and completely filler opers. Pages 1 and 2 should voal. nt, the medical examine mus		Lec	Jone	es	15. MOTHER'S MAIDEN NA Minnie	WIDDIE	Black
TIMORE,	160 \	vas deceased ever in U.S. ar yes, no grunknown) (if yes, giv	F WAR OR DATES)	22-0820	Ulysses H.	Benjamin 20	18 N. Pulaski
sT., BALI		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o), ( ED BY: ITE CAUSE (a)	PESP 11	estory t	ARPOST .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certific attending physician.  Wher this certificate has been signed by the attending phos the burial-transit permit. Then please remove carbanp th and Mental Hygiene prior to burial, cremation, or remained arked or them 18 shows ony injury, ar other traumatic even		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF AS A CON-	SEQUENCE OF	zansousm,	กอราเค	* * * * * * * * * * * * * * * * * * *
requires en signece. Then play or to buring injury, o	NOI	PAR 2 OTHER SIGNIFICANT	12 VASCU	LAR	USBASE.	MINAL DISEASE OR CONDITION	
AL RECO	CERTIFICATION	3 768	PENIPHER	AL VASO	N WAS PERFORMED  "MAN DISTRIB		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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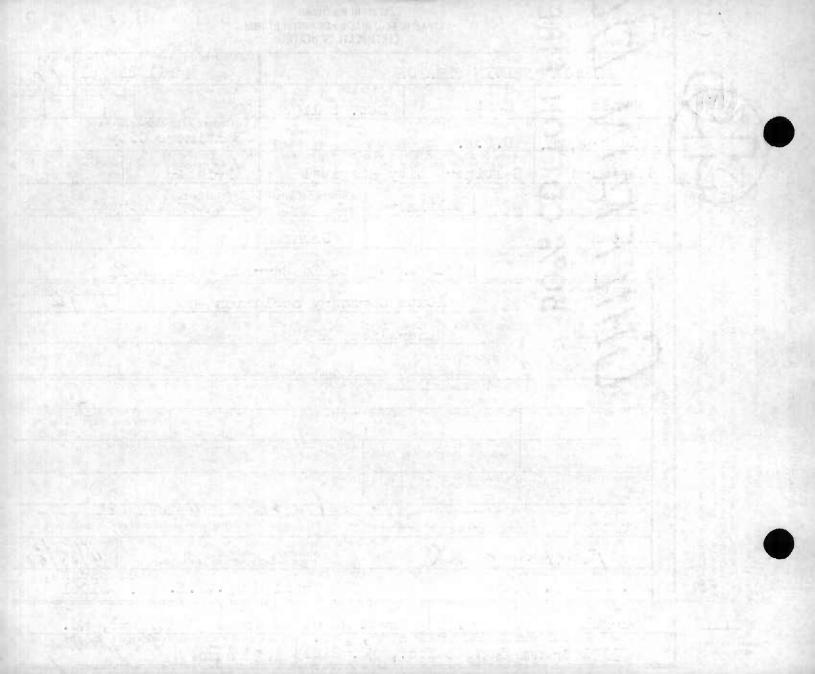
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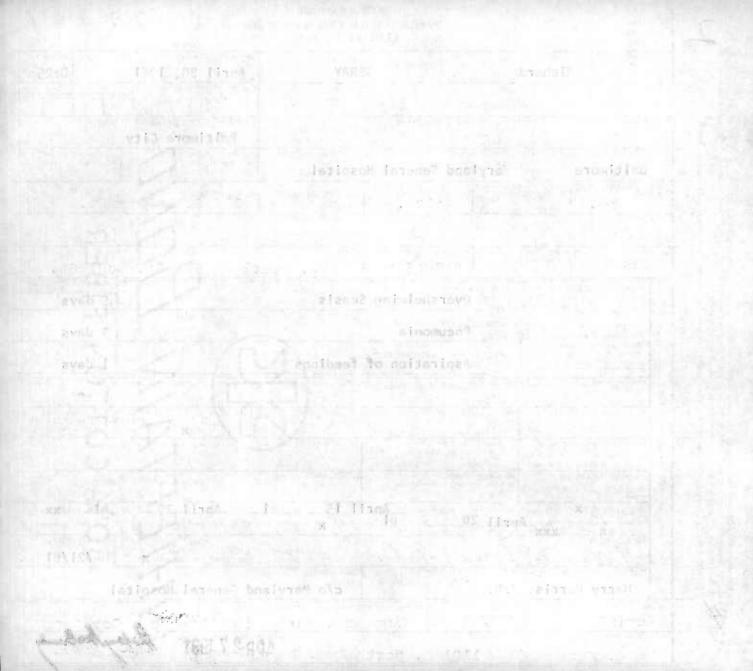
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ad Jac	20		ABRAHAM		BERNSTEI		MOLLIE	100		UNKÑ	OWN
ysician and tr pers. Page oval. event the me	1	léa W (YE	AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES!	213-10-		17 INFORMANT MR 4215 NADINE	S. SALLY BE	RNSTEII LTO		21215
ificate has been signed I not person the please Hygiene prior to burial m 18 shows any injury,	7	CERTIFICATION	1	VD,	60V		NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDI	NGS USED S OF DEATH?
tra tal Iter	- 1	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ.	YES		но 🗍
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DIRECTOR: thed for use a Dept. of Heal			22a.1 certify the (1) (his h saw the deceased alima above, (1) (we) (did (dia 22b. SIGNATURE	was 4-12	10	8/_, 0	nd that I (Imy) your) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred an the c		ond from the	tha (I)(we) last couses stated  SIGNED  20 8/
TO FUNERAL should be detact with the State IMPORTANT:	1	22 0	Edwa	PE OR PRINT	herma	4	8726 Li	berty PC	MZHanda	Ma 1/st	Of Me
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DHMH-16 25M (VRA 15, 4) 1/79	9 /	24. FU	NERAL DIRECTOR SOL	LEVINSON TOWN RD.	NG BROS., BALTO.	INC.	21215 API	REC'D. BY REGISTRAN	214 Fights	ys seeds	teelig

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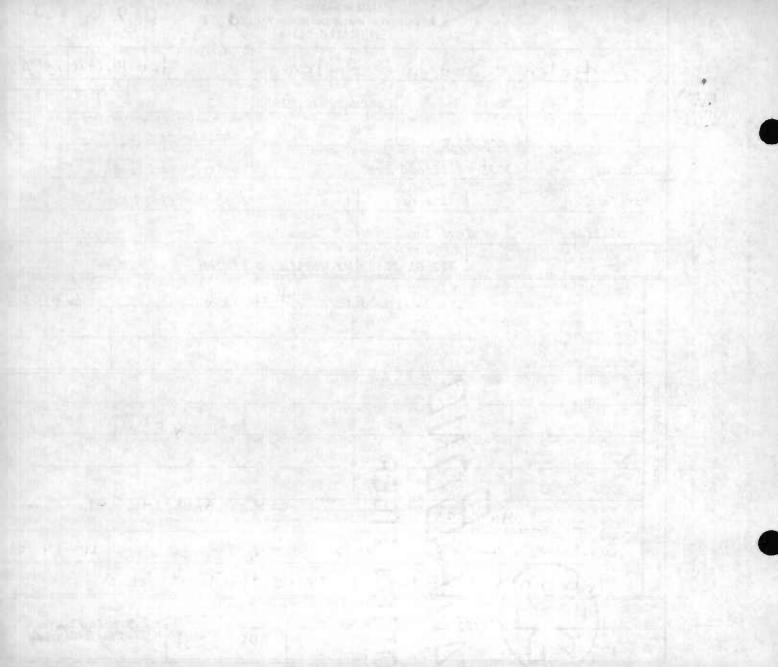


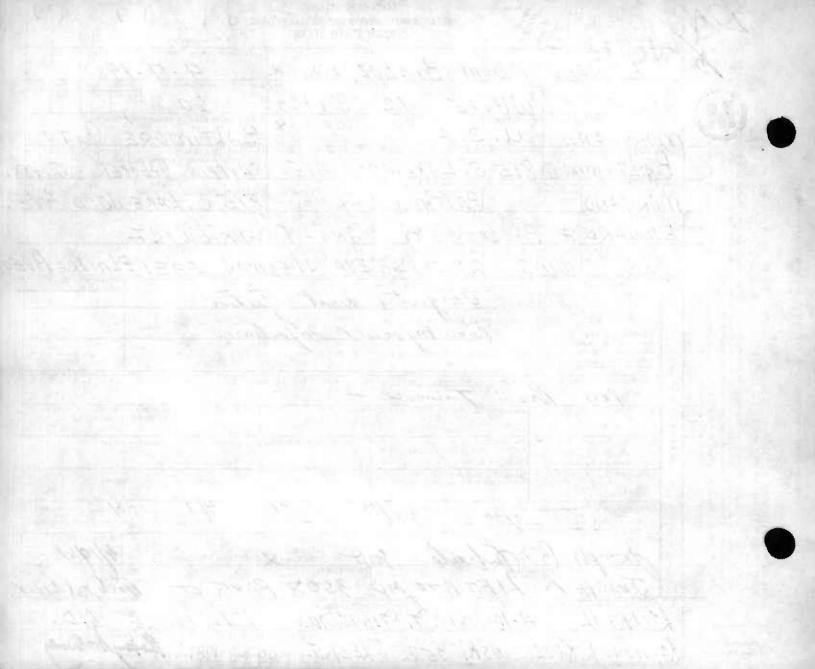
1101 E. North Ave.

Wm C. March F/H



10	1 -	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENB REG. NO	0 9	5 4	8
, be eo h		CEASED NAME FIRST Helev		osephin		Biglek		MONTH DAY	1981 1	HOUR 1030 M
4 m	3 SEX		4 RACE		5 DATE (	1 DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN		OURS MIN
o de		Temale  RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	Febr	uary 20, 1898	9 BALTIMORE CITY O	YRS.	DEATH	
eo th	CC	Poland	U.S.A		MARRIE	D NEVER MARRIED	Baltimor		DEATH	MD.
s offer d	0.00	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Vestfield	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Sec	F WORKING LIFE)	12b. KIND OF B INDUSTRY S	
AND 212	To S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY)	R OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Baltimore	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3031 Westf.	ield Av	e	
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MORE,		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	212-01-		Mr William J	ADDRE J Bialek	ss Sai	me	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	-	N C 6	er 540	mach		APPROXIMAT BETWEEN ONS	TE INTERVAL LET AND DEATH LU () ()
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certification of tending physician. There this certificate has been signed by the attending plos the burial-transit permit. Then please remove carbana th and Mental Hygiene prior to burial, cremation, ar remained or them 18 shows any injury, or other traumatic even	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		A Tributo		NOT RELATED TO THE TER/	MINAL DISEASE OR CONI  200 AUTOPSY?  YES NOW	20b. IF YES, WI	ERE FINDINGS G CAUSES OF	S USED F DEATH?
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IVISIC offend offen this sethe b	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOW	IN C	COUNTY	STATE
spitel or rspitel or CTOR: A d for use . of Heol		220.1 certify that (1) (this hospi saw the deceased alive an obave. (1) (met (did) (did no 22b. SIGNATURE	Mar.	25 19 8		, 19 5 C and that in (my) (a <del>ar)</del> opinion	, 10			
ITAL by the ERAL Store	10	22d. PHYSICIAN'S NAME (TYPE O	and and	lorf	14	ATTENDING PHYSICIAN 1	MEDICAL STAP		4-1	14-81
TO FUNE should be with the BIMPORTA		R Done	ald T	Jando		7403	Hartord	Rd		
274 BP	(\$	urial, cremation, removal specify) Burial	23b. DATE 4/18/8			emetery or crematory	23d LOCATION CITY OF TOWN  Baltimo:	cou		STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FL	INERAL DIRECTOR  NAME  eonard J Ruck ]	, ,		PLACE TO THE	25er D.A	PRT 5 1981	25b. REGISTRAR	SSIGNMENT	redy





1101 E. North Aye.

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPAR MENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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IF UNDER 24 HRS

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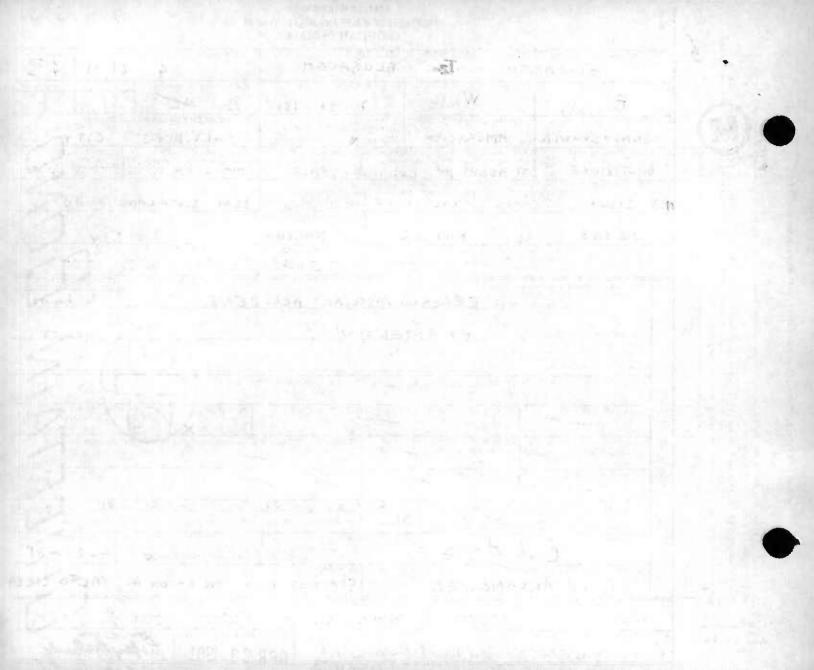
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

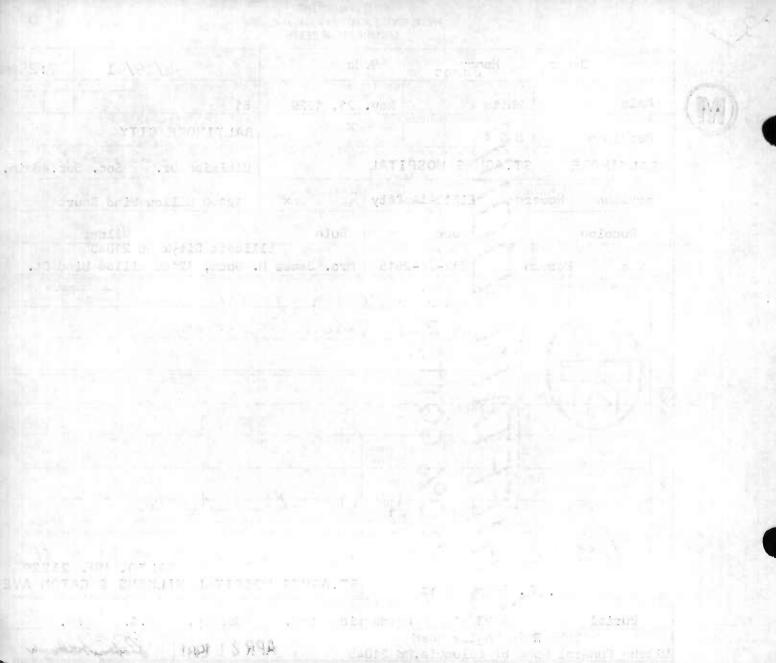
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A V	3 SE	Female	White		S. DATE C. MONTH		6. AGE (IN YEARS LAST BIRTHD	DAY)  IF UNDER LYEAR  MONTHS DAYS  YRS	IF UNDER 24 HRS HOURS MIN.
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the the	Ba	ITY OR TOWN OF DEATH	orth (	harles Ge	address)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Custodian	WORKING LIFE) 12b. KIND COUNTY COUNTY	Balto. y School
110 35		AL RESIDENCE (IF NURSING HOLE STATE Yland Balt	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🗽	13: STREET ADDRESS 18 Haley Ro	oad 21221	
de 2	14. FA	ATHER'S NAME FIRST Clayton	MIDDLE	Bennett		15 MOTHER'S MAIDEN N	unknown	LAS	īτ
Poper 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?  IVE WAR OR DATES)	235 42 7		17. INFORMANT  Clyde Blank	ADDRESS Tenship Sar		
sugged by the attending the properties of the please sention of the burial, cremation, or nitury, or other traumatic	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	ITION GIVEN IN PART 10	<b>a</b> 1
year been been been been been brion been brion b	CERTIFICATION	THE DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
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VERAL DIRE be deteched e State Dept fANT, if her		22b. SIGNATURE	CR PRINT)	J	m	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		22-81
TO FUNERA should be de with the Stot	230. [	DAVID BURIAL, CREMATION, REMOVA	AL 23b DATE			NORT/		ES HO.	SP,
- 16 50M 1/76 R A 15 (4))	-	urial Volume Volume	ral Home	Mari	an	astern AvAP	Baltimore ATE REC'D. BY REGISTRAR 25 R 2 7 1981	co., Maryl	land

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3	1	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	REG. NO.	1 9 3	<b>3</b> 4
be eo†h		CEASED NAME FIRST FOR PRINT)  THERE	SA M		BLUE	20. DATE OF DEATH MONTH	16 81 2	1001 A
may r, pog	3. SE	x Female	4. RACE BLK	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
	70. B	COUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COL	CITY	MD.
rs of filed	10. 0	BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LNIVERS IT Y		1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		BUSINESS OR
AND 212 AND 212 n 24 hour	130.	MD 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE SEFORE  130. CITY OR TOW  BALTIMO	N	13d. INSIDE CITY LIMITS? YES MO [	130. STREET ADDRESS 4030 BOAR	MAN AVE	5
mARYL ompletely ompletely omd 2 sl		NATHANIEL	MIDDLE TOISON		15. MOTHER'S MAIDEN NA	WIDDIE	DAYE LAST	
be execut be execut on and co s. Poges 1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU	IRITY NO.	MRS. Jean W	ADDRESS Illiams 7881 8	mal, ni and	OP HD,
LST., BAL certificate ng physici bon paper removol.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on D BY: TE CAUSE (a)	d (c),)	ARDIO RESPIR	ENVERY ARRE		SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours related physician.  Where this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill though mental hygiene prior to burial, cremotion, or removal.  arked or them 18 shows any injury, or other troumotic event, the medical examiner must be not according to the contract of the co		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	(	OLONIC CAN	CER WITH META	ASTAGES (	Mos.
res that ined by ned by please ouriol, cr		PART 2. OTHER SIGNIFICANT (	(c)CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)	
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AL RECO	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIC		YES NO NO	F YES, WERE FINDING ERTIFYING CAUSES O YES	
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TTENDIN spitol or CTOR: Af for use of Heolti		saw the deceased alliver on	tal attended the deceased from	81,0	nd that in (my) (our) opinion	deoth occurred on the date one	d hour and from the co	ot (I) (we) last
by the has by the has by the has by the has be detoched State Dept.		FILL SIGNAFFIRE	the Laylas free	ha	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJE S	GNED 8
HOSPII hined by FUNER FUNER PORTAN		224 PHYSICIAN'S NAME (TYPE O	PRIEDMAN		UMU. HOSP.	225. GREENE	ST BALTE	21201
P		BURIAL, CREMATION, REMOVAL (SPECIFY)			PT. Church Com	HEATHSUILLE	Net Thur berla	nd VA
DHMH: 16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	Somes 1701 LA	YRE		TE REC'D. BY REGISTRAR 256. RE	STRAR'S SI NAT	RE

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6 1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 O	9 5 5 7
	CEASED NAME FIRST SUS	AN	BOGUS	APRIL 3,	1981 21:15P
3. SE.	x Female	4. RACE White	5. Date of Birth July 19, DAY 1892 EAR	6 AGE (IN YEARS LAST BIRTHDAY) 88	IF UNDER 1 YEAR IF UNDER 24 HRS
THE RESERVE AND ADDRESS OF THE PARTY OF THE	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  USA	8. MARRIED NEVER MARRIED WIDOWED M DIVORCED	Baltimore City or Count	
-	altimore	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET Church Hospital	NG HOME OR OTHER INSTITUTION (ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OF INDUSTRY
130. S	TATE N36 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130 CITY OR TOWN Middle		13e. STREET ADDRESS 3704 Pataps	sco Ave 2122
14 FA	ATHER'S NAME	MDDLE Konetzki	15. MOTHER'S MAIDEN NA FIRST Antoir	MIDDLE	? LAST
	VAS DECEASED EVER IN U.S. A YES, HOOR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 214 74		ADDRESS e, Daughter	Same
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d or Item 18 shows any injur	190. DATE OF OPERATION 2-23-81 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINI 71d. INJURY OCCURRED	19 CONDITION FOR WHICH CARCINOMA ( STRUCTION  216 TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED OF	B 200 AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \ NO \
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2 73e 8	DAVID J.  SURIAL CREMATION, HEMOVA  SUFFISI	SEFF, M.D.	100 N. BRONAME OF CEMETERY OF CREMATORY DILLY Hill Memorial	OADWAY, BALTIN	MORE, MD 212
80 71.1	uzdžinski Faner	2 Horne A 1409	O.d. Eastern Ave.	TE REC'D. BY REGISTRAR 256, REGIS	SOR SIGNAL BURN

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ASE OR. JRS.		Ida		RIE	M.			YCIC				MATED	<b>4</b> -		181	M
E, MD. 21201 ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. REFAIN PAGE 5 FOR YOUR FILES, ND 2 SHOULD BE FILED, WITHIN 72 HOURS. VITAL RECORDS, 201 W PRESTON STREET,	3. SEX	nale whi		DATE OF BIRT	, 1899	6. AGE (IN YEA	Y) MONTHS		IF UNDER	24 HRS.	Ic. DATE PRONOUN DEAD	1CED	MÓNTI	H DAY	YEAR 81	7:05
SSAR	70. B	RTHPLACE (STATE OR		b. CITIZEN OF			1		VER MARRI	"ED [7]	9. BALTIM	ORE CITY				1 a m
NA SERVICE SER	1/4	reign country)		1/5	A		WIDOWE		DIVORC		P > 1	timo	<b>x</b> 0 (	1-1		440
IS N IS N I W		TY OR TOWN OF DEA	ATH I			RSING HOME				12a USU	AL OCCUI	PATION (	TYPE OF WOR	12b. K	(IND OF BL	JSINESS
PAG S, 28 FIL		altimore		426	E. F	ort Av	enue	)		FOR N	ost of wor	wife			or indust	RY
21201 ANY D REFAIN POULD RECORD	13a. S		RSING HOME OR C	OTHER INSTITUTION	13c. CITY	ORTOWN		13d. INSIDE CI	ITY LIMITS?	13e. STRE	ET ADDRE					
APA APA	Ma	ryland			Bal	timore		YES X	№ 🗌	1426	Eto	rt A	ve.Ba	tto.	Md.	
. MD. TH. IF TH. IF D2.SS	14. FA	THER'S NAME		MIDDLE	0	LAST		F	ER'S MAIDE		M	IDDLE			LAST	
8 99×44		Samuel			Par	sons		17. INFORA	hrist	ire	-	ADDRE	_	gros	scup	
BALTIMORE, MD S AFTER DEATH. I GIVE PAGES 1, 2, I'ITH FORM PM 3 PAGES 1 AND 2'S DIVISION OF VITAL	160. V	VAS DECEASED EVER	(IF YES, GIVE WA	D FORCES? (R OR DATES)		-54-548				0-1				. /		
S AF GIVI							)/	Mrs.	Evely	n De	jenna	w, 3c	ame a			
71 DUR 18. V		18 CAUSE OF DEAT PART I DEATH W	H (Enter anly	11/										BET	APPROXIMATI	E INTERVAL T AND DEATH
PRESTON ST TITHIN 24 HOU CIL IN ITEM 13 WER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.		4797	IMMEDIATE	CAUSE (a)		ioscle		.c ca	rdic	vas	cula	r di	seas	е	= 1/000	
IN I		Canditions, if a	any which	DUE TO,	OR AS A CO	NSEQUENCE C	)F							M		
MANUTH SCIL	-	gave rise ta	immediate	(b)												
201 W. UTED W. IN PEN. EXAMIRAL-TR		cause (a) stating lying cause last.	the under-	DUE TO,	OR AS A CON	SEQUENCE C	F									
S. 26 S. 26				(c)												
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMA  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AFTER DEATH, WITH THE SITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DEA	ITN BUT NOT REL	ATED TO THE TERMI	NAL DISEASE	DR (DNDITIDA	N GIVEN IN PAI	RT 1 (e).						
PEN	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CON	DITION FOR	WHICH OPERA	ATION WA	S PERFOR/	MED?					2D.	AUTOPSY	?
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RED TO THE CHIEF R	F														YES 🗆	NONE
W W W W W W W W W W W W W W W W W W W	18	210. EXTERNAL CAU			OF INJURY	5.11 15.5	21c. HO	W INJURY	OCCURRE	D (ENTERN	ATURE OF INJ	IURY IN ITEM	18 PART I OR	PART 2)		377
N SHIP		UNDERLYING CONTRIBUTING			i.m. month p.m.	DAY YEAR										
ASIC ING ED 1 3 SH PRIC	MEDICAL	21d. INJURY OCCUR	RED	21e PLAC	E OF INJURY	(AT HOME,	211. LOC					2740				
DIN HIS C WRIT WRIT ARDI AGE 3	1 8	WHILE NOT AT W	WHILE	STREET, F	ACTORY, FARM, E	ETC.)	511	REET			CITY OR TO	WN		COUNTY		STATE
R: THE CARE THE PARTY PA	1	22a. I certify that	l taak charge	of the remains	described abo	ave. held an	Autapsy	<i>,</i> [].	Jospection	XX	Inquiry	П	and in my	aninian		
NO THE	1	death resulted fram			Ascident		cide .	Hamic	ide .	Undete	rmined mo	r-	1.	0		
KAN ERTI D B WITH ARY			Maria		A	11/	1	TITLE (SI		07.0010						
MACALE (A)		ACTUAL SIGNATURE	Mulu	barte	MH	M	LL MI		stan	+ MEDI	CALEYAM	UNER	DAT	NED_	4-7-	81
SEA SHEET	1 -	100	4											NED_		
PECUTION TERM	000	(TYPE OR PRINT)	Mar	garita	A. I	Korell	,M.D	DDRESS_	11		enn S		et			
J T DENGTAR	23e.B	URIAL, CREMATION, R				NAME OF CEM	ETERY OR	CREMATO	DRY	23d. LO	CATION DRIOWN Ltime		C	QUNTY		TATE
OF TOBP		Burial	I A	pr. 10, 1	981 F	oly (r	OSS (	emete		Ba	ltim	one,			land	
DHMH - 17	24 F	UNERAL DIRECTOR	, ,,	ADDR	ESS -		,		250. DATE F	REC'D. BY	REGISTRA	.R 25b. RE	C'ISTRAR'	SSIONA	THRE	
(VR A15 ME (5) )	Mc	ully tune	ral Hoi	ne, 130	E. Fora	t Ave. B	alto.	Md.	APR	10	1981	F	4999	MA	June	

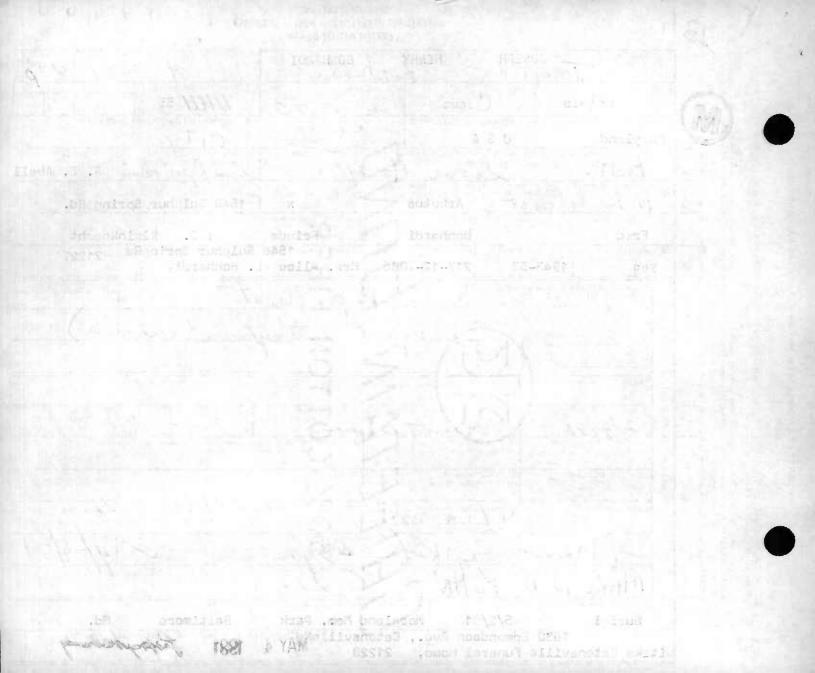
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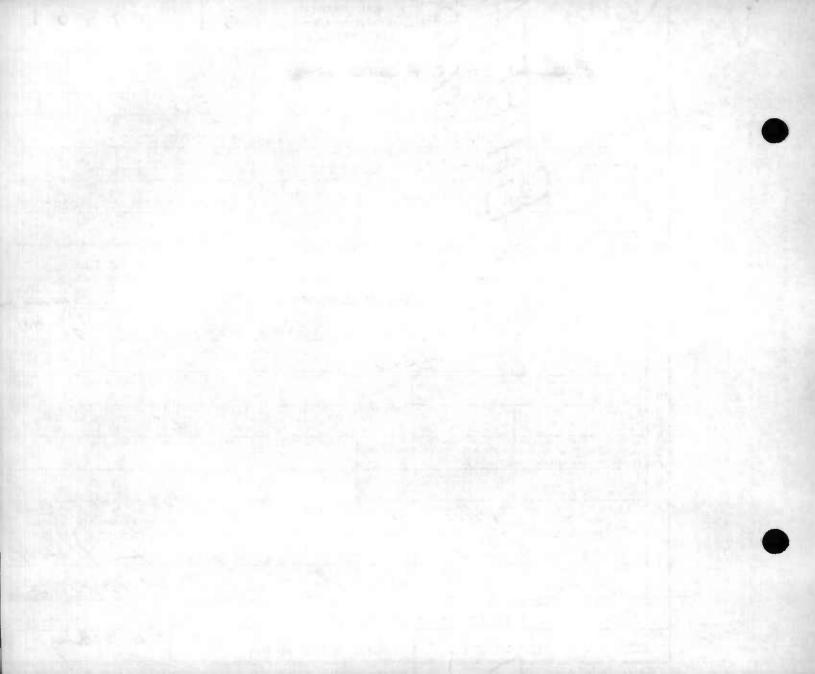
Witzke Catonsville Funeral Home.



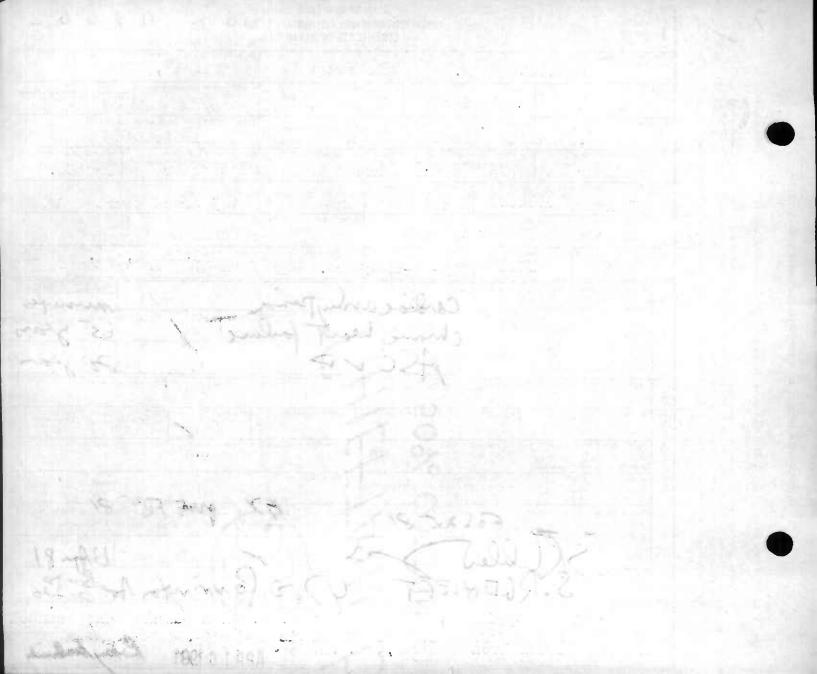
21222

WALTER BROOKS BRADLEY, INC. DUNDALK MD

(VR A 15 (4))



10	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
e e e		CEASED NAME FIRST ORPRINT) Paulin	ne P.	Bonsuk	April 13, 1981
your dead	3. SE		4.RACE Caucasian	5. Date Of BIRTH October 3, YEAR 9	6. AGE (IN YEARS LAST BIRTHDAY)  87  YRS.  1F UNOFR 1 YFAR 1F UNOFR 24  MONTH'S DAYS HOURS A
1 17	100	RTHPLACE (STATE OR FOREIGN DUNTRY) Austria, Polat	76. CITIZEN OF WHAT COUNTRY	? 8.  MARRIED □ NEVER MARRIED □  WIDOWED ☑ DIVORCED □	9. BALTIMORE CITY OR COUNTY OF DEATH
O O The th		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS  UF NOTIN SUCH FACILITY, GIVE STRE  4103 Grace	ING HOME OR OTHER INSTITUTION ET ADDRESS)	126. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) ASSEMBLET 126. KIND OF BUSINESS INDUSTRY BOX CO.
Ta hour	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b COUNTY 13b C			13e STREET ADDRESS 4103 Grace Court 2122
mpletely ond 2.sh	14. FA	THER'S NAME UNKNOWN	MDDLE Patričia	15. MOTHER'S MAIDEN N FIRST	unknovn
Pages 1		VAS DECEASED EVER IN U.S. ARI (15 yes, no or unknown) (16 yes, give	LAMAD OD DATECL	-8804 Mrs. Olga	Kern 4103 Grace Court 2122
is that the death certificate bed by the attending physicio lease remove carbon papers, ial, cremation, or removal.		Conditions, if ony, which gove rise to immediate	1 60 Chr	me heary for	and 3 gr
		couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUETO, OR AS A CONSIGNATION OF THE CONDITIONS CONTRIBUTING TO	SCVT	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
aw requires been signe rmit. Then p prior ta bu any injury,	IFICATION	underlying couse lost.	CONDITIONS CONTRIBUTING TO	SCVT	200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
The law requires cion.  tion.  te has been signe sit permit. Then p giene prior ta but shows any injury.	CAL CERTIFICATION	underlying couse lost.  PART 2. OTHER SIGNIFICANT C	196 CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH	D DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
HYSICIAN: The law requires ading physicion.  Is certificate has been signe burial-transit permit. Then p I Mental Hygiene prior to burial them 18 shows any injury, or Item 18 shows any injury.	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	196 CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH	D DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED  21c. HOW INJURY OCCU 19 21f. LOCATION	200. AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO NO
TTENDING PHYSICIAN: The law require: pital or ottending physicion. TOR: After this certificate has been signe for use as the burial-transit permit. Then p of Health and Mental Hygiene prior to buu 21 is marked or them 18 shows any injury.		UNDERLYING COUSE TOST.  PART 2. OTHER SIGNIFICANT COURSE TO THE SIGNIF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIATION) offended the deceased from	DDEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  19 21f. LOCATION  STREET  , 19  DEGREE  ATTENDING	208. AUTOPSY?  208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
R ATTENDING PHYSICIAN: The law require: hospital or ottending physician.  RRECTOR: After this certificate has been signe hed for use as the burial-transit permit. Then pept of Health and Mental Hygiene prior to buutem 21 is marked or them 18 shows any injury, tem 21 is marked or them 18 shows any injury.		UNDERLYING COUSE TOST.  PART 2. OTHER SIGNIFICANT COURSE.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK AT WORK  22a.1 certify that (1) (this hosping sow the deceosed olive on obove. (1) and ideal.	216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL)	DDEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  19 21f. LOCATION  STREET  , 19  DEGREE  ATTENDING	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO CERTIFYING CAUSES OF DEATH YES NO COUNTY  CITY OR TOWN  COUNTY  STAT  19  1, to 10  10  11  12  12  12  12  12  13  14  15  16  17  17  18  19  19  10  10  10  10  10  10  10  10



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		FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE   0 9 5 6 4  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.										4
1.1.210.5		CEASED NAME PE OR PRINT)	FIRST	_	MIDDLE Drogt on		LAST	TT		OF EST	[]-	MONTH DAY		26 HOUR
1	3. SE.		Rober hite	5. DATE OF BIRTH		GE (IN YEARS IF	UNDER 1 YR.	IF UNDER	24 HRS. 2c.	ONOUNCED	M	ONTH DAY		22:58
60	70. B	IRTHPLACE (STATE		76. CITIZEN OF W	HAT COUNTRY?		RRIED   NE	VER MARRI	ED &	BALTIMORE Ralti	city or c	OUNTY OF	1981 FDEATH	a. <sub>M</sub>
8	E	altimore	/		SPITAL, NURSING	G HOME, OR O	THER INSTITU		12a USUAL	OCCUPATION TO FWORKING IN BOWMAN	N (TYPE OF	,	KIND OF BUS OR INDUSTR Ltcher	SINESS
5	113a. S	AL RESIDENCE (IF IN TATE ryland	IN COUNT Cari	OTHER INSTITUTION, G	NE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN Westminster		13d. INSIDE (	ITY LIMITS?	13e. STREET	ADDRESS Smith	Ave			
-		Robert		middle ceston	Bos.		Be	er's maide	NAME	MIDOLE		Rit		
2	16a. V	VAS DECEASED EV ES, NO. OR UNKNOWN)	ER IN U.S. ARM (IF YES, GIVE W	ED FORCES? (AR OR DATES)	215-89		17. INFORA		R. Bos	ley 13	Westm O Smi	inster th Ave	157	
REWATION, OR REMO	NO	gove rise couse (a) stot lying couse lo		(b)	AS A CONSEQUE	JENCE OF	ASE OR CONDITION	N GIVEN IN PAR	T 1 (a).					
T	CERTIFICATION	19a. DATE OF OPE	ERATION	19b. CONDI	TION FOR WHIC	H OPERATION	WAS PERFOR	MED?				20	NO 🗆	
3	MEDICAL CER	210 EXTERNAL CA UNDERLYING [ CONTRIBUTING [	OR CAUSE OF DE	EATH 1:30 PX	MONTH DAY	YEAR 1981 dr	HOW INJURY						103 A.A	NO []
	MED	218 INJURY OCCI WHILE NO AT WORK AT	OT WHILE X		OF INJURY (AT I TORY, FARM, ETC.) Oad		ocation street ghes S	hop Re		TY OR TOWN	Car	COUNTY	Co., 1	STATE
SET WWW. AT WORK AT MOUNT AT M				of the remoins des	Accident X	ld on <u>Aut</u> Suicide	DPSY X, Homic TITLE (SI	PECIFY)	Undeterm	nquiry ,	<u> </u>	my apinion	1 11	21
BALTIMORE,	23n B	EXAMINER'S NAM (TYPE OR PRINT) JRIAL CREMATION	Virg		Dolan, M	D.	_ADDRESS	- 11	II Pen	n Stre	S	SIGNED	4-11-8	
	(5	Burial	11/	14/81	Leiste	r's Ch	arch Ce	meter	EC'D. BY RE	Stminst	ter	COUNTY Carrol ARS SIGNA	STA LIURE L	
(5))	1	alifled	el_ W	homas Dist	Fletche Main Mdt.	21157		APR	1 5 19	RI /	The same	MARCO	may !	1



3	1.	FOR - STATE REGISTRAR	D		ELLTH AND MENTAL HYG	GIENE O I	0 7 3	0 3
		CEASED NAME FIRST GORN	am M.		WDRE	April 23	MONTH DAY YEAR	2b. HOUR 7:38a
	3. SE	Male	4. RACE White		T 1, 1905 YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YE MONTHS DAY	
a duce	7a 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	Baltimore CITY C	R COUNTY OF DEATH	
18	7	altimore	11. NAME OF HOSPITAL, (IF NOT INSUCH FACILITY, GI Mary land	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired E	ion DE WORKING LIFE) INDUSTR lectrician	O OF BUSINESS OF
35	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	INTY 13c. CITY (	CE BEFORE ADMISSION) OR TOWN Altimore	13d INSIDECITY LIMITS? YES NO	13e. STREET ADDRESS 301 McM	echen Stree	t
200		ATHER'S NAME Julian		AST Bowdre	15. MOTHER'S MAIDEN NA FIRST Augusta	WE	Moale	LAST
1	16a. V	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	1-9569	Mrs. Carolin	e B. Hostet		Spring
ws ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT 199. DATE OF OPERATION March 26, 1981	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
1		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MON		r; Hematuria.	RED (ENTER NATURE OF INJU	YES XX	NO []
morked or th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TO	)WN COUNTY	STATE
If Item 21 is ma		270.1 certify that () (this has sow the deceased alive a obaye () (we) (did) (dw) 27b. SJG/NATURE		19 <u>81</u> _, a	ary 8 , 19 81 nd that in (mg/) (our) apinion DEGREE ATTENDING	MEDICAL STA	22c. DA	the couses stated TE SIGNED
MPORTANT		22d PHYSICIANS NAME (TYPE Eugenio Mac	chado, M.D.		22e. ADDRESS  c/o Maryla	nd General		23/01
		BURIAL, CREMATION, REMOVA PECIFY) remation	23b. DATE April 24,81		ew Memorial	23d LOCATION Baltim	ore, Md.	STATE
2/80		UNERAL DIRECTOR Eline Funeral H	ome Reister	otown, Md		PEREC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE

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				STATE OF MARYLAND	79 1 7	20 6 7
ALL Items in Red	11	FOR - STATE	DEPARTM	IENT OF HEALTH AND MENTAL HY	GIENE & 1	19501
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
For Hospital		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
5/12 04 85	(TYF	PEORPRINTI BARV 6	IRL I	BOYD	4	21 1981 630
ê ba	3. SE		4. RACE	C DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ecto		FEMALE	BLACK	MONTH DAY SYEAR		MONTHS DAYS HOURS MIN
Page direct direct sours	20.0	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0	9. BALTIMORE CITY OR COL	RS.
	70. 6	COUNTRY)	10	MARRIED NEVER MARRIED	7. BALTIMORE CITT OK COL	NATI OF BEATH
ter death he funeral within 72	> 10	MARYLAND	U . S -	WIDOWED DIVORCED	In usual conference	MD.
The the	)   18 (	CITY OR TOWN, OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
	5	Baltimore	University of Md.	Hospital		
MARYLAND 21201 ed within 24 hours of mpletely filled in by ond 2 should be file examiner must be no		JAL RESIDENCE (IF NURSING HOME OF STATE)	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134, CITY OR TOWN		13e. STREET ADDRESS 10	09 W. Lanvate
(ND 21)	5	Md V -	- Baltimo	V=0 E3 VIO E3		Himory Md
within within d 2 sh	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
MAR wed w		Willey	Shivers	FIRST · Kim	WIDDLE	Boyd
÷ 0-		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECUI		ADDRESS	,000
BALTIMORE, cate be executed to be executed by skicton and complets. Pages 1 youl.			WAR OR DATES)			
- d 0.5. 5		no l				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D =		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ond ED BY:			BETWEEN ONSET AND DEATH
ST.		OI CI IMMEDIA	TE CAUSE (o)	ATURITY		
PRESTON he death or he attendin emove carb matian, ar	45	1601	DUE TO, OR AS A CONSEQUE	NCE OF		
. PRESTOR the death the attend remove ca ematian, a		Conditions, if ony, which gove rise to immediate	(b)			
e the series	1	couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		
or oth		underlying couse lost.	(c)			
200 nee	1-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	PEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
The to	CERTIFICATION				The state of	
low reconstruct.	78	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
O e p p o p	Ē				YES NO	YES NO
NOF VITA  SICIAN: T  ng physici certificate rital-transi ental Hygi ltem 18 sh	CE L	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
SICIAN SICIAN Drig ph certifu prial-fr tental	F	OR CONTRIBUTING CAUSE OF DEA		TEAR		
O XP S GX	MEDICAL	21d. INJURY OCCURRED	21e. PŁACE OF INJURY	21f. LOCATION	75-7	
() ± 2 ± 0 5	X	. WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FA	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ENDING P of or other of or other of or other or use os the Health and			ital\ attended the deceased from	4/2/ 10.81	to 4/21	, 19, that (I) (we) lost
H S S S S S S S S S S S S S S S S S S S		sow the decepsed plive on	ital) ottended the deceased from	FI and that in (my) (our) ppinion	, 10	d hour and from the couses stated
2 o f		pbove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death	DEGREE		22¢. DATE SIGNED
9 0 60 ±		11. O G	11-1 10 D	ATTENDING	MEDICAL STAFF	4/21/8/
		M. P. Comb	ans, a.s.	PHYSICIAN [	DIRECTOR PHYSICIAN	3 7/2/18/
SSPI ed be UNE d be She S			OR PRINT)	22e. ADDRESS		
- S- S- S		M. P. COM.	BATIR, M.D	· UNIVER	SITY OF M.	ARY LAND HOSP.
Op Op Man	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
11.101 BP		(SPECIFY) Removal	5/1/81			
DHMH-16 30M 2/80	24 F	FUNERAL DIRECTOR		25 PA	TE REC'D. BY REGISTRAR 1514 OF	ISTRAR'S SIGNATURE
(VRA 15, 4)		Anatomy Board	Balto I	Md.	Y 8 1981	Toy/ Fre Creaty

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214 20 7250 Mrs. Elegnor Bling, Balto., Md.

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TRUE E. SELY STREET

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	1-	Items # FOR STATE REGISTRAR	18a-22z F		DEPARTMENT				H REG. I	9 3	6	9
28.48E	(TY	CEASED NAM PE OR PRINT)	Paul		Sidney		Bradley		DATE KNOWN OF ESTI- DEATH MATED	□ 4 <b>1</b>	7 19 81	26 HOUR
	3. SE	male	black	S. DATE OF BIRTH	0-62 /8	(IN YEARS IF U HIRTHDAY) MON	NDER 1 YR. IF UND	MIN: PR	DATE ONOUNCED DEAD	4 17	19 81	2d. HOUR 2:31
AND THE REAL PROPERTY OF THE PERSON OF THE P	F	IRTHPLACE (S DREIGN COUNTRY) NARU	land	7b. CITIZEN OF W	SPITAL, NURSING H	WIDO		RCED	Baltimore City Baltin	nore C	ity KIND OF BU	PM
DELAY IS 310 THE F SO SE FILED RDS, 201 V	Ba	ltimore		1110 As	ACILITY, GIVE STREET ADDR hburton S GIVE RESIDENCE BEFORE AD	treet	TER INSTITUTION	FORMO	ST OF WORKING LIFE)	A THE OF WORK	OR INDUSTR	X
EE, MD. 21201 ATH. IF ANY DELA ATH. IF AND 310 P.M. 3. RETAIN PA ND 2 SHOULD BE VITAL RECORDS	130. 3	ATHER'S NAMI	13Keonut		131. EDY OR TOY	-O	13d. INSIDE (ITY LIMITS YES NO	U 47:	38 FORK	Height	ave	
T., BALTIMORE, M JURS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM WIT. PAGES 1 AND 2 E. DIVISION OF VITE	16a.	TYROP WAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	BRAJEY 166. SOCIAL SE	URITY NO.	FIRET	res	BOOLE	1/EY	LAST	100
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DIVIS THIS CER WARTING PAGE 3 STATE DEI 21201 PR	MEG	WHILE AT WORK	NOT WHILE D		CTORY, FARM, ETC.)	WE. ZII EC	STREET		EITY OR TOWN	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		27a. I certi death result ACTUAL SIGNATURE		N W	Accident .	Suicide	Hamicide TITLE (SPECIFY) A.D. Assista	Undetern	Inquiry , nined monner	DATE	4/18/	81
TO MEDIC EXECUTE 1 PAGE 4 S PAGE 4 S PAGE 8 DIST	230 5	EXAMINER'S (TYPE OR PRI	NAME Horm	ez R. Gu		F CEMETERY	ADDRESS 111 I			timore,	MD	
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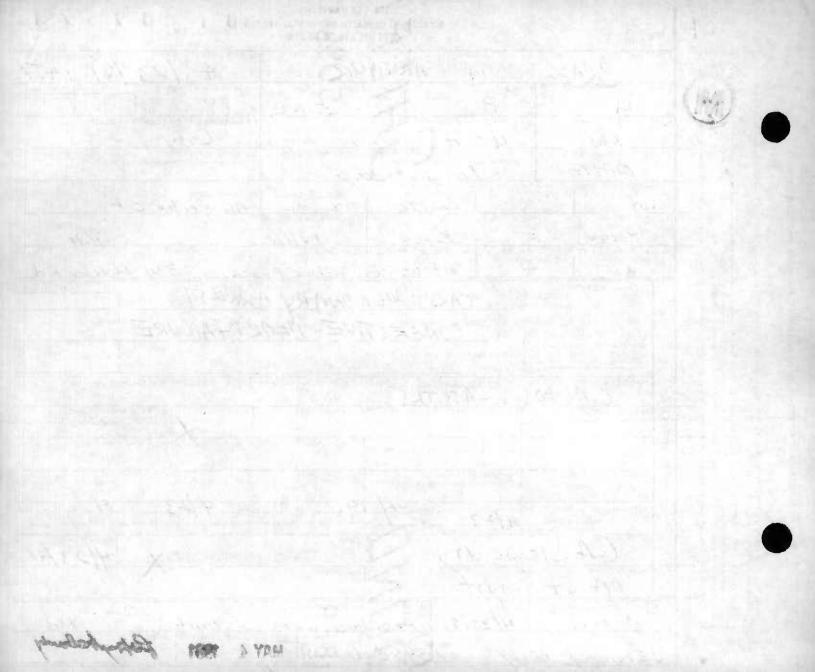
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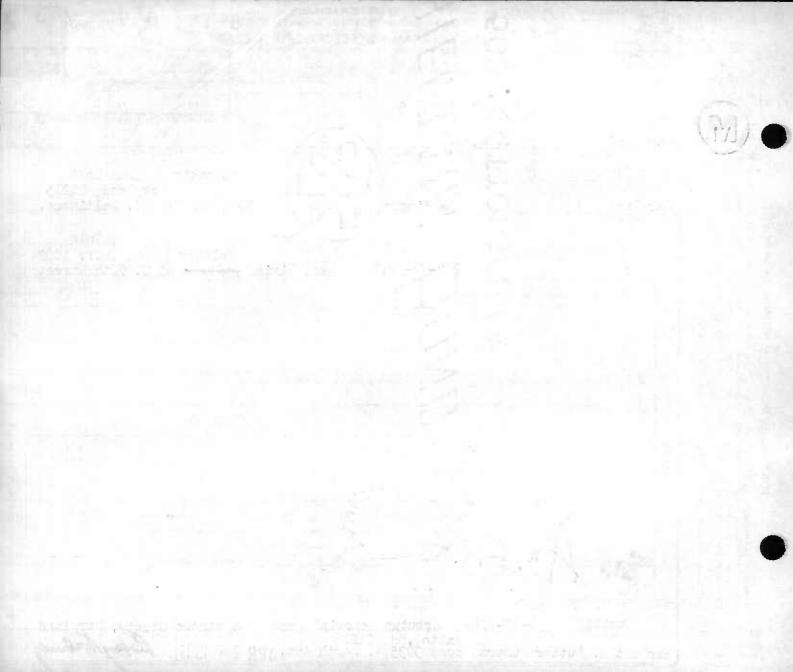
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X	1	FOR STATE REGISTRAR Last	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	9571
oth S		CEASED NAME BRAGE	MIDDLE	1RTHUR	20. DATE OF DEATH MONTH	18/ 1:45 PM
oge 4 moy	3. SE	M	4 RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR  25-1892	6. AGE (IN YEARS LAST BIRTHDAY)  89  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth P	T.	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 BALTIMORE CITY OR COUNT	Y OF DEATH MD.
# # #29		BALTO	(IF NOT IN SUCH FACILITY, GIVE STR	ent Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 21201 ed within 24 hours ond 2 should be file ond 2 should be file	13a.	Md 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEI UNTY 136. CITY OR TO BA (	TO YES NO [	13e. STREET ADDRESS	5+
	14 F.	GOZGE	MIDDLE LAST BRA	15. MOTHER'S MAIDEN NO. FIRST LIE (1) E	AME MIDDLE	Hill
BALTIMORE, cote be executory scion and copers. Pages 1 vol.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	CURITY NO. 17 INFORMANT 05-9563 Arthur B	ADDRESS  ADDRESS  ADDRESS	Edgerton Rd
201 W. PRESTON ST., es that the death certific ned by the ottending phyloses remove carbonp uriol, cremotion, or remotive, or other traumatic every.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	OPULMONARY  DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM  O DEATH BUT NOT RELATED T	ARRES T PRTFAILURE MINAL DISEASE OR CONDITION GI	
VITAL RECORDS,  N: The low requir systeion.  Cote has been sig onsit permit. Then Hygiene prior to b 8 shows ony injury	CERTIFICATION	190. DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NOT IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
ON OF WASICIAN INS Certification in Mental In Mental	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE of INJURY IN ITEM 18,	
R ATTENDI hospital or RECTOR: A red for use ppt. of Heal	M	sow the deceased ofive o	pitol) ottended the deceosed from	19 19 19 31	. to 423	19 that (I) (we) lost ur and from the couses stated
TO HOSPITAL O retained by the TO FUNERAL DI should be detact with the State DR MAPORTANT: If I	22-	22d. PHYSICIAN'S NAME (TYPE	ewart	ATTENDING PHYSICIAN   22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4/23/8/
/10/ BP		BURIAL CREMATION, REMOVA	23b. DATE 23 24/27/8/	ARBUTUS CEM	23d LOCATION CITY OR TOWN  BY A CONTRACT  TERRES ON THE SECOND AND	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR  NAME  RERIVON BA	OCIEY ADDRESS	348 CALHOUR SI MI	TE REC'D. BY REGISTRAR 256. REGISTRAR 256. REGISTRAR 256.	RAP'S SIGNATURALLY



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May Se	- {1	YPE OR PRINT)	CORN	IELIA	R		BR	IGGS		OF EST DEATH MAT	ED 4	21	, 81	
<b>ASES</b>	3. S	EX	4 RACE	S. DATE OF BIRTH	1 6.	AGE (IN YEARS	IF UND		NDER 24 HRS.	2c. DATE	MONT	H DAY	YEAR	2d. HOUR
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	1	No			212-7	+-5017		Mrs. Vi		ulaney 6		Oth S	treet	t
DOUR S W		18 CAUSE C	F DEATH (Enter of	nly ane cause per lin	ne far (a), (b), a	nd (c).)	L:_			. d:		BETW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
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WITH VITH SAN RAN RAN REE	-	gove ri	se to immediate	e / (b)										
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S. 26 CUT NO. LENA TION LE				(c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GRED TO THE CHIEF MEDICAL EXAMINER ALONG WITE 3 SHOULD BE USED SA & BUINAL "IRANSIT PERMIT" P. E DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIV OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z		GNIFICANT CONDITION	CONTRIBUTING TO DEAT	H BUT NOT RELATED	) TO THE TERMINA	AL DISEASE	OR CONDITION GIVE	IN PART 1 int					
L REAL	CERTIFICATION	190. DATE OF	OPERATION	19b. COND	ITION FOR WI	HICH OPERAT	ION WA	S PERFORMED	>			2D A	UTOPSY?	
A POST	× 1											Y	ES 🗆	NO X
O BE	3 8	210. EXTERNA	AL CAUSE WAS	21b. TIME (	OF INJURY M. MONTH D	AY YEAR	21c. HO	W INJURY OCC	URRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OF	PART 2)		
CERTIFICATE CERTIFICATE TING THE W DED TO THE DEPARTMEN PRIOR TO B	J 8	UNDERLYING CONTRIBUTI	G □ OR NG □ CAUSE OF			19								
VISION STATE OF STATE	MEDICAL	21d. INJURY			OF INJURY		21f. LOC	ATION	•	CITY OR TOWN		COUNTY		STATE
WRIT ON WRITE OF A CARE TO	1 2	WHILE AT WORK	AT WORK		CTORT, FARM, ETC.		31	NCC 1		CITORIOWN		COUNTY		STATE
ME. T		22a   cert	fy that I took char	ge af the remains d	escribed abave	, held an	Autops	y , Insp	pectian X.	Inquiry .	and in my	apinion		
NEW CHAS		death result		oral causes .	Accident	], Suicie	de .	Hamicide		termined monner		,		
AN MEN			15	()	1			TITLE (SPECIF	Y)					
F. A. P.	-	ACTUAL SIGNATURE	M	Mary	XOV		M.I	Assis	tant MEI	DICAL EXAMINER	DAT	NED 4-	-22-8	1
NOR A TE TO	21	EXAMINER'S	NAME 4	- M Did	m MD				11	1 Penn S	+			
DIVISION OF VITAL R  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD  EXECUTE THE CERTIFICATE, WRITING THE WORD "P  PAGE 4 SHOULD BE FORWARDED TO THE CHIEF  TO FUNEAR DIRECTOR: PAGE 3 SHOULD BE USED  RATER DEATH, WITH THE STATE DEPARTMENT OF HE  BATTER DEATH. WITH THE STATE DEPARTMENT OF HE  BATTER DEPARTMENT OF	1	(TYPE OR PRI	NI)	n M. Dixo				DDRESS			•			
522549	230	BURIAL, CREMA	TION, REMOVAL					CREMATORY		OCATION Y OR TOWN	CI	OUNTY	STA	TE
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5 / DHMH-17	24.	FUNERAL DIREC	TOR NILL	r Funeral	ss Balto	Md 2	21216	250. C	ATE REC'D. B		REGISTRA	SIGNATO	2.	
(VR A15 ME(5)) 15M 2/80	H	erbert.	E. Nutter	r runeral	nome ;	W.	NOI	th Ave.	APR Z	8 1981	proper	7	-	1



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, in the following the business of th	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the medical examiner may be flottlifted at once.
TO HOSPITAL OR ATTENDING PHYSICIAN. The IS	retained by the haspital or offending physicion.  TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per	with the State Dept. of Health and Mental Hygiene IMPORTANT: If Hem 21 is marked or Hem 18 shows

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	10.4			CERTIFICA	TE OF I	DEATH		REG. NO.	0	1577	4
DECEASED NAM			WIDDLE	LAST			2a. DATE OF	DEATH M	ONTH D	YEAR	26 HOUR
	GEORGI	111110	ON B	RISCOE					4 14	81	9:25P M
MALE		4. RACE BLA	CK	5. DATE OF BIR	24 24	1°1°	6. AGE (IN Y	EARS LAST BIRTH(		ONTHS DAYS	IF UNDER 24 HRS
MARYLAND		76. CITIZEN OF	.A.	8. MARRIED X		MARRIED		recity <u>or</u> imore	COUNTY	OF DEATH	MD.
BALTIMOR	E	VETERA	HOSPITAL, NURSIN H FACILITY, GIVE STREET / NS ADMINI	STRATIO			120 USUAL C	CARPE	VORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
SUAL RESIDENCE  STATE  MARYLAND	113h COU		GIVE RESIDENCE BEFORE 134. CITY OR TOWN BALTIMO	1 13d.	INSIDE C	ITY LIMITS?	13e STREET A	ADDRESS Kathla	nd Av	enue	
JOHN FIRST		MIDDLE	BRIS <b>C</b> OE		JAI	S MAIDEN NAM FIRST NIE	ME	MIDDLE		RISCOÉ	1
WAS DECEASED YES	DEVER IN U.S. AF	MED FORCES?	212 10 8		MC C	linical	Recor	ds Ba		Md. 2	1218
gove rise couse (o), underlying	if ony, which to immediate stating the couse lost.	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	RELATED	TO THE TERM	CON C	OR CONDI	TION GIVEN	N IN PART 100	eeks
19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATION WA	AS PERFO	RMED	20a AUTO		Ob. IF YES, V N CERTIFYI YES	WERE FINDIN	NGS USED OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING C NG CAUSE OF DE.	ATH HOUR A./	M. MONTH DA M.	Y YEAR		JURY OCCURR	RED (ENTER NAT	URE OF INJURY II	N ITEM 18 PAR	T 1 OR PART 2)	
AT WORK	NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	RM, ETC )	LOCATIO			CITY OR TOWN		COUNTY	STATE
sow the obove,	hot (K (this hospideceosed olive on (we)/didy(KA)	APRIL 1	deceosed from 19	31, and the	t in MOO	(our) opinion d		d on the dote	. , ,		that 🎉 (we) lost couses stated
22b. SIGNATO	lut 1	Uple	110	DEGR	A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF  PHYSICIA	NXO	22c. DATE 4/15	
Albe	N'S NAME ITER	Delo	skey 1	JD 39		och Rav			alto.	, Md.	21218
<ul> <li>BURIAL, CREMA (SPECIFY)</li> </ul>	TION, REMOVAL	23b. DATE	23c N	AME OF CEMET	ERY OR C	REMATORY	23d. LOCA	TION		COUNTY	STATE

Patuxent Chr. Cem.

BP DHMH-16 30M 2/80 (VRA 15, 4)

Box 31 Prince Frederick, Md Spencer E. Sewell

Apr. 18-81

Burial

24 FUNERAL DIRECTOR

Huntingtown Calvert

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md.

#1410 And Andrew Control of the Cont "all leven Tayle. Detect, at 11230 Land of the St. 18-51 | resument Shr. org. | Hunthartonn Univert Spencer N. Wesell you 3' stings evolution, as he

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BALTIMORE, MD. 21201  JRS AFTER DEATH. JF ANY DELAY JS WITH FORM PM 3. RETAIN PAGE 5. THE PURITH FORM PM 3. RETAIN PAGE 5. PAGES 1 AND 2 SHOULD BE FILED.  DINISION OF VITAL RECORDS, 201 WITH PAGE 5. THE PURITH PAGE 5. THE	J	ather's Name FIRST		MIDDLE P		LAST SCOE		FII	R'S MAIDEN	NAME	WIDDLE		Pac	LAST	
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ION OF TIFICATE G THE W TO THE HOULD B ARTMEN	MEDICAL CE	UNDERLYING CONTRIBUTII	NG CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR			OCCURRED	(ENTER NATURE	E OF INJURY IN ITE	M 1B PART 1 OI	R PART 2)		7.7
DIVISION OF VITAL REPORTS THE SHOULD FICATE, WRITING THE WORD, PER E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, C	MED	21d. INJURY C	NOT WHILE D	THE PLACE	OF INJURY			CATION TREET		СІТҮ	OR TOWN		COUNTY	V 10	STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEWARD DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PE		27e. I certii death resulti ACTUAL SIGNATURE	/	fourses M.		Didon Mw	Autoc	Hamici TITLE (SP	PECIFY)	Undetermin		and in my		4/30,	/81
D MEDIC GECUTE T AGE 4 SI D FUNER FTER DEA		EXAMINER'S (TYPE OR PRII	VT)	homas D.				ADDRESS_	11 Pe	nn Str	eet,Ba			1201	
/27 7 BP	L	Buria:		3b. DATE 5/4/81		edar		Ceme	etery		Arunc		CO	Mc	I I
DHMH-17 (VR A15 ME (5))		uneral direct		cch F/H	1101	E. N	orth	7 10 1	MAY 4	C'D. BY REG 4 - 198		GISTHAR	S GNA	URE Looky	

savyan, whose beautiful days the form and days to the beautiful Harbert I. Luner - uneral Home 2035 I. Corts svengy to 1981 | Alexander

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			Louis		L		BYØØ	toxyne.	/		DEATH MAT	ED   4	24 19		1
	. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	RS IF UN	IDER 1 YR.	IF UNDER 24		C. DATE RONOUNCED	MON	TH DAY	YEAR	2d. HOU
V.	Ма	е	White	May 1, 1		73 YR		DATS	HOURS /	MIN.	DEAD	4	24 1	981	2p10
J		ETHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUN	TRY?	8. MARRI	ED P NEV	FR MARRIET	9	BALTIMORE	CITY OR COL	UNTY OF DE	ATH	
		Marula	and	U.S.A			WIDOW		DIVORCED		Baltimo	ore Ci	tv		М
T	10. CI	Y OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NUI	RSING HOME	OR OTH	ER INSTITUT	ION 1		AL OCCUPATIO		ORK 126. KINE		SINESS
, 1	Ba .	timore		Luthera	n Hos	pital	JOA				OST OF WORKING LI ired	FE)		NDUSTE	CT.
				OR OTHER INSTITUTION, G	VE RESIDENCE	BEFORE ADMISSIC		t							
1	30. S1 Ma	aryland	13b COUN	ITY		or town timore		13d INSIDE CIT	NO 1	290	ET ADDRESS 7 Edgec	omb Ci	rcle S	out	h
+		THER'S NAME							R'S MAIDEN						
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i	6a. W	AS DECEASED	EVER IN U.S. AR			IAL SECURITY	NO.	17. INFORM	-		AD	DRESS	•		
1	(YE	S, NO, OR UNKNO! <b>NO</b>	WN) (IF YES, GIVE	WAR OR DATES)		05-935		Mrs M	finnie	NR	roccoli.	na	Same		
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	-	gave ris	se ta immediate	(b)											
		lying caus	stating the <u>under</u> se last.	DUE TO, OR	AS A CON	ISEQUENCE C	F								
				(c)											
	_	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	<b>SUT NOT RELA</b>	TEO TO THE TERM!	NAL OISEASE	OR CONDITION	GIVEN IN PART	1 (6)					
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Ы	CA	190. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	W MOITA	'AS PERFORM	MED?				20. AU	TOPSY?	,
	TIE													s 🗆	NO 🛚
2		210 EXTERNA UNDERLYING	L CAUSE WAS	216. TIME OF		DAY YEAR	21c. HC	OW INJURY (	OCCURRED	ENTER NA	ATURE OF INJURY IN	ITEM 18 PART 1 C	R PART 2)		
1	MEDICAL	CONTRIBUTION	NG CAUSE OF			19									
	Œ	21d. INJURY O		21e PLACE	OF INJURY TORY, FARM, E			CATION			CITY OR TOWN		COUNTY		STATE
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1		death results		rol causes X	A	Π.	An	Hamicie			mined manner		у ориноп		
-		deam resum	1409	TOTOLOGICA LZZ.	751	7	77 -	TITLE (SP		Undeter	mined manner	<u> </u>			
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4		EXAMINER'S I	NAME Thoma	as D. Smit	th. M.	D.			111 Pe	nn S	treet.	Rai+im	1000	4D 2	1201
1	22a BI		TION, REMOVAL			NAME OF CEM		ADDRESS_		23d. LOC		balliii	ore, w	10.7	1701
1	(5	PECIFY)	ION, KEMOVAL						IN I	CITY OF	ltimore	Maria	ounty	ST	ATE
-		Burial	TOR	4/28/81		Vew Cat	near		So. DATE REC					BE -	
				Inc. Balt	imore	, Marul	and		APR	27	REGISTRAR 251	tup	approces	read	<b>y</b> .
-		COMME C	J 1.401.							- 1	1301	9			

to Fit Indiana State (1990 - 1997) Jan. 10, 150 via spoil U Sitting and an analysis to a serial a serial and a serial as a Baltimore & Street Street N Maryland Thaddeus w. Euron comis L. Kirdy 218 S2 2427 LDr. James B. Brooks, Balto., NMs. Dr. William F. Fennor, M.D. 8222 St. Paul St., Balto., Md. (25/81 New Cathsonal Balto., 15 Light . 15/4 Henry M. Jankins & Sons Co.

HAUCE York Road Halto., Md. 21218 ... HOGHE TON

		TATE OF MARYLAND		0 7 0
FOR STATE				9 3 1 7
		INEK'S CERTIFICATE C	KEG. NO.	
TYPE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN K	MONTH DAY YEAR 26 HOUR
AARC	N	BROWN	DEATH MATED	4 29 <sub>19</sub> 81
SEX 4. RACE	S. DATE OF BIRTH 6. AGE (			WONTH DAY YEAR 102HOUS
male negro		YRS. MONTHS DAYS HOURS	MIN. DEAD	4 29 19 81 a m
RIRTHPLACE (STATE OR	THE CHITZEN OF WHAT COUNTRY?	18	9. BALTIMORE CITY OR	
N C	U. S. A.			i+v
CITY OR TOWN OF DEATH			12a. USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS
Pal + imoro			FOR MOST OF WORKING LIFE)	OR INDUSTRY
			I Rethed Const	rediton
Md.	NTY 136. CITY OR TOW Bal	timore YES XX NO	13e STREET ADDRESS 4400 Dunland	Rd. 21229
FATHER'S NAME	MIDDLE	15. MOTHER'S MAID	ENNAME	LAST
1 1110				
. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECI	JRITY NO. 17. INFORMANT	ADDRESS	D11 D-1
LEST OF THE PROPERTY OF THE PR	246-03	-4219 Edmonia	a Johnson, 4400	Duniana Ra.
18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c).	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			lar disease	BETWEEN ONSET AND DEATH
43GO IMMEDIA			200 0130030	
Canditians, if any, which				
lying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF		
	(c)			
	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
198. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20. AUTOPSY?
				YES NO [X
210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PAR	
		(EAR	E-MIN THE	
CONTRIBUTING CAUSE OF				
	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
220. I certify that I taak char	ge af the remains described abave, held	an Autapsy , Inspectio	in 💢 , Inquiry 🔲 , and i	n my opinian
death resulted fram: Natu	iral causes , Accident ,	Suicide , Hamicide ,	Undetermined manner .	
	V4 .00's	TITLE (SPECIFY)		
ACTUAL SIGNATURE	me Liblan		T MEDICAL EXAMINED	DATE 4-29-81
-				SIGNED
(THE ORTRINT)		ADDRESS		
	73b DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
BURIAL, CREMATION, REMOVAL		view Mem Park	Baltimore N	COUNTY STATE
Burial, cremation, removal (Specify) Burial FUNERAL DIRECTOR		view Mem Park	Baltimore, N	<b>laryland</b>
Burial FUNERAL DIRECTOR		25e. DATE	Baltimore, N REC'D. BY REGISTRAR 1250 REGISTRAN	<b>laryland</b>
	STATE REGISTRAR RECEASED NAME PPE OR PRINT)  AARC  EX  4. RACE  Male Male Magro  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  N. C.  CITY OR TOWN OF DEATH  Baltimore  JAL RESIDENCE (IF IN NURSING HOME STATE  13b. COUNTRY)  Md.  18. CAUSE OF DEATH (Enter a PART I DEATH WAS CAUSE  IMMEDIA  Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause lost.  PART 2 OTNER SIGNIFICANT (ONOITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that I took char death resulted fram: Nort  ACTUAL SIGNATURE  EXAMINER'S NAME	REGISTRAR  RECEASED NAME PREST  AARON  EX  ARCE  AARON  EX  ARCE  AARON  EX  BIRTHPLACE (STATE OR OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDITED AND SUCH ARACINING, GIVE AND SUCH ARACINING, GIVE AND SUCH ARACINING, GIVE AND SUCH ARAC	MEDICAL EXAMINER'S CERTIFICATE C  MEDICAL EXAMINER'S CERTIFICATE C  MEDICAL EXAMINER'S CERTIFICATE C  MARON  AARON  EX	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  RECEASED NAME  TWO REPORTS.  AARON  EX.  BEOWN  BEOWN

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ectyle or other or other

FOR 1 - STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.				
1. DECEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26 HOUR	
/TYPE OR PRINTY	egina BROWN		APRIL 20, 198	20 11001	
3. SEX	1. RACE Black  S. DATE OF BIRTH  MONTH  DAY  YEAR  D. C. 2.2 1981		79	IF UNDER 1 YEAR IF UNDER 24 HRS	
76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		BALTIMORE CITY  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR	
BALTO., MD.		SPITAL	(TIPE OF WORK FOR MOST OF WORKING TIPE	Diet Dept	
TO TO TO TO THE TOTAL TO THE TOTAL T	NTY 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 343 OBRECHT	TRO	
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST	
	RMED FORCES? 166. SOCIAL SECUR	TY NO. 17. INFORMANT	ADDRESS	Darse V	
(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 220-26- (	6063 Wm Hudso	N 405 OBRECH	TRO SYKESVILLE	
18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE	nly one couse per line for (o), (b), and DBY:	Alexander 1505		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
5 72 SIMMEDIA		NARY EDEMA		4-7 DAYS.	
Conditions, if any, which	DELPE		NERWOUS FUNCTION	v	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF PALURE		3 WEEKS	
			MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)	
CERTIFICATION  Separation  Sep	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	206. AUTOPSY? 206. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?	
	HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA		
OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY	21f LOCATION			
WHILE NOT WHILE AT WORK AT WORK	. ( AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC ) STREET	CITY OR TOWN	COUNTY STATE	
220 I certify that (I) (this hospi	April 28			9, that (I) (we) lost	
obove, (I) (we) (did) (did no	ot) view the body ofter death.	DEGREE	death occurred on the date and hour	22c. DATE SIGNED	
100 ±	Taylor	M D ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	4/28/81	
should be defined by Clark State of the Stat		22e ADDRESS			
O S S S S S S S S S S S S S S S S S S S	23b. DATE 23c NA	ME OF CEMETERY OR CREMATORY	NES HOSPI	MZ.	
(SPECIFY) OLL	5-2-8/2/	lite Rock	SURGEVILLE COR	COUNTY MIE	
3 30M 2/80 24 FUNERAL DIRECTOR	ADDRESS )	250. DAT	E REC'D. BY REGISTRAR 250 EGISTR	AR'S SIGNATURE	

6	li.	FOR STATE			DEPART	STA MENT OF		MARYLAN H AND MI		YGIÊNE		0 9	9 5	8	-	
7	1.	REGISTRA	R	N	IEDICAL	EXAMIN	IER'S	CERTIFIC	CATEC	OF DEA	TH RI	EG. NO.				
		ECEASED N.	AME FIRST		MIDDLE			LAST	-	2	DATE KNO	DM XXVW	ONTH DA		26 HC	
Bank Se	To Ca	TPE OR PRINT)	Z NTT	HONY				BROWN	()	2.	OF EST	ED T	4-2	81	199	
当時世	3 5	EX	4 RACE	5. DATE OF BIR	TH	6. AGE (IN YE			IF UNDER	`	c. DATE		NTH DA	19 Y YEAR	1.00	
N.	M	ale	black		4- 32	LASSBIRTHD	AY) MONT		HOURS		RONOUNCED		4-2	1981	100	
15	54	BIRTHPLACE FOREIGN COUNT	(STATE OR RY)	76. CITIZEN OF		NTRY?	8. MARR	VED NE	VER MARR	IED 🔲	Baltimore Balt	imore			~	
7	2	altime	VN OF DEATH		H FACILITY, GIVE	JRSING HOMI STREET ADDRESS) Er Str		HER INSTITUT	TION	120. USU	AL OCCUPATIO OST OF WORKING LI	IN (TYPE OF W	VORK 12b.	KIND OF BL OR INDUST	JSINESS	
2	USU	AL RESIDEN STATE MD	ICE (IF IN NURSING HOME 13b. COUR	OR OTHER INSTITUTION	, GIVE RESIDENCE			13d. INSIDE CI	NO 🗆	13e. STREE	et address 9 Moshe	er St	-Del			
	14.	FATHER'S NA	AME					15. MOTHE	R'S MAIDI	EN NAME						
Z	OX	An +1	hony	MIDDLE	Brown	Sr.		Ev	IRST 🗩		MIDDLE		Bibb	ins		
	160		ASED EVER IN U.S. AF	MED FORCES?		CIAL SECURIT	Y NO	17. INFORM			AD	DRESS	TOO.	looins		
-	100.	NO NO	(IF YES, GIVI	E WAR OR DATES)	5.00	26-36-5				forris		09 Mos	her S	St		
	NO.	PART 2 DTNI	rise to immediate (a) stating the <u>under</u> couse last.	DUE TO,		NSEQUENCE (		E OR CONDITION	N GIVEN IN PA	iRT 1 (a),						
	CERTIFICATION	19a. DATE	OF OPERATION	196 CON	196 CONDITION FOR WHICH OPERATION V				ION WAS PERFORMED?					20 AUTOPSY?		
						2012			- 10					YESXX	NO 🗆	
			RNAL CAUSE WAS ING OR UTING CAUSE OF	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. H	OW INJURY	OCCURRE	D (ENTER N)	ATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)	V		
	MEDICAL	21d. INJUR WHILE AT WORK	NOT WHILE ( AT WORK		E OF INJURY FACTORY, FARM,			CATION STREET			CITY OR TOWN		COUNTY		STATE	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PARER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIII BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	100	Man	ge of the remains irol couses	Accident		Autor	Homic	PECIFY)	Undeter	Inquiry , mined monner	<u> </u>	ATE	4-2-8	81		
The last	2	(TYPE OR		rgarita							nn Str	eet				
B		(SPECIFY)Bu		236. DATE 4-7-81		At. Aub		Cem		Ba.			COUNTY	Md	TATE	
17	-	FUNERAL DI	R. Bailey	132.8	N. Ca	alhoun	St.		ARP	7 105	REGISTRAR 25	REGISTRA	R'S SIGN	ATURE		
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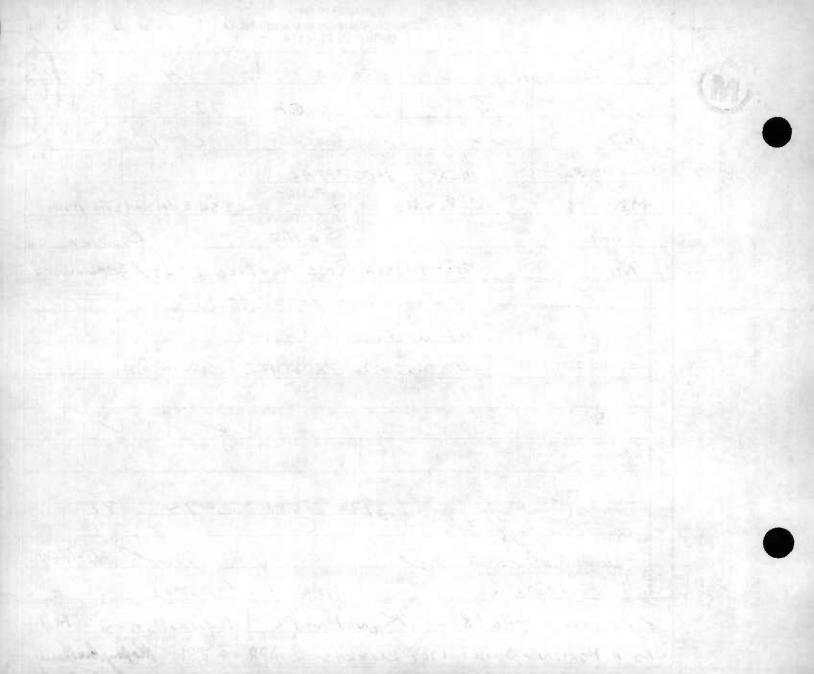
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7	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLI EALTH AND I ICATE OF E	MENTAL HYG		<b>0</b>	9 5	8 2
		CEASED NAME FIRST		MIDDLE	Z	AST		20. DATE OF DEA		DAY YEA	R 2b. HOUR
1 25	fire		ence		Bro	own			4	13 81	1220 <sup>A</sup>
6 8 9	3. SE		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24 HRS
-(nm)		Male	Bla	ck	nonth	10	1914	6'	7 YR		AYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D TO NEVER		9. BALTIMORE CI	TY OR COU	NTY OF DEATH	4
	M	ryland		SA	WIDOWE	D DI	VORCED	Baltin	more	City	MD.
by the filled with		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INS	ITUTION	120. USUAL OCCU	OST OF WORKIN	12b. KIN INDUST	ID OF BUSINESS OR TRY
ours ours in b	ÜSÜ.	Baltimore AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION		E ADMISSION)	_		Retired			
LAND 212		Md 13b CC	YINUC	Balto.	/N	136 INSIDE C	NO 🗌	13e. STREET ADDR	lano	Ct.	
.RY with	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S	FIRST	AE MIDI	DLE		LAST
W D de SOL		Benjamin		Brown		Mar	у	M		Enid	
MORE,		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMA			DDRESS		
TIMO on o s. Po		No		248 30	3246	Carrie	Brow	n 1638 I	Delano		
T., BAL		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane cause per	line far (a), (b), and	d (c).)	an Th	1	A TOTAL		BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
ertification of poor poor poor poor poor poor poor p			IATE CAUSE (o)	Cardio-p	JIMOI	14ry a	rres t				
TON oth c		4149	DUE TO, O	R AS A CONSEQUE	Α.					,	970
PRESTO ne death smove co motion, or		Conditions, it ony, which gove rise to immediate	(b)_	Caroner	4 Ar	try Ui	secu			1	770
by the		cause (a), stating the underlying cause lost.	DUE TO, O	Diagete.	Mel	litus				10	181
duires the signed then plecto burion him plecto burion him plecto burion, or him plecto burion, or him year.	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PAR	l l(a:
RECOR	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	INCE	YES, WERE FIN RTIFYING CAU YES [7]	NDINGS USED SES OF DEATH?
ON OF VITAL HYSICIAN: The ding physicio is certificate h buriol-tronsit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE O			
PHYSICIA ending ph this certifi to buriol-tr ad Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d, INJURY OCCURRED	P. 21e. PLACE	M.	19	21f. LOCATIO	)NI				
ISI the the hold of or	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	,,,,	CITY	OR TOWN	COUNTY	STATE
a of o		220. Certify that (I) (this ha	ispital attended th	e deceosed from	JAUN		. 19 81	_, ta_Aren	1	, 1981	, that (I) (we) lost
R ATTEN hospital hospital RECTOR red for to Hept of Hem 21 is		saw the deceosed olive obove, (I) (we) (did) (did	nat) view the body	after death.	, an	d that in (my)	(aur) apinion d	eath accurred an t	he dote and	hour and from	the causes stated
che be he		22b. SIGNATURE	100			DEGREE				22c. D/	ATE SIGNED
by the ERAL DI the detoch Stote De ANT: If It		25-1	eller			MU	TTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF	1/	14/8/
HOSPI) ined b FUNEI old be the S		22d PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRES	ersity	Hospital	2 6	Hinon	MO-
Sho sho	23o. E	BURIAL, CREMATION, REMOV	AL 236 DATE	[ 23¢ N	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	1	,	2
		ONIZIARIA	A-1.	7-8/ 1	5	Aubi	10	CITY OR TOY	vn/cs	COUNTY	STATE
S O DHMH- 16 30M 2/80	24 FU	JNERAL DIRECTOR		1 4 1 1	/ (	11-000	250. DATE	REC'D. BY REGIST	4	SISTRAR'S SIGN	VATURE
(VRA 15, 4)	B	ROWN-THON	Ason F.	11 1913	wi	Bille	APR	1 6 1981	fre	pray he	Brushy

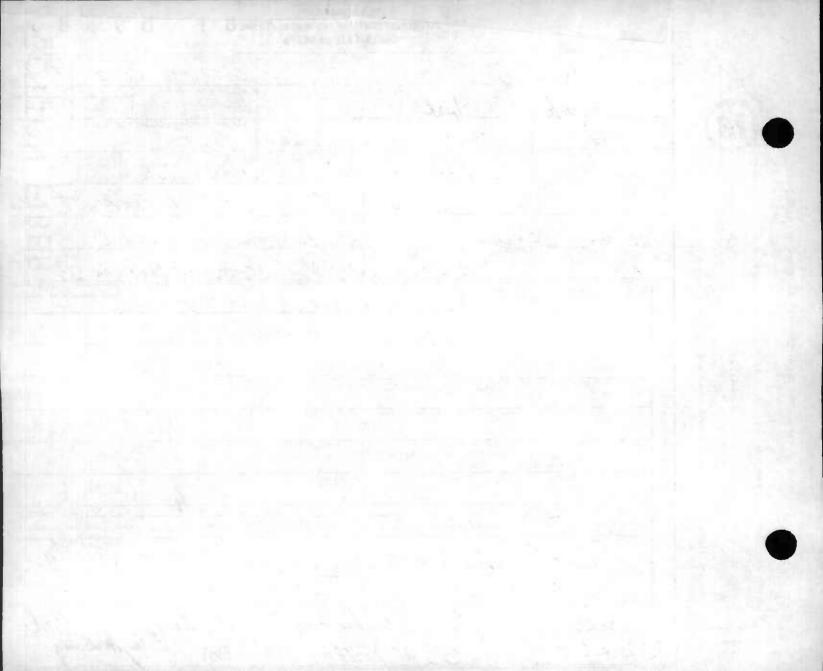
.i) .t) one lead the into its or of the Water at 1894 at 1894 at 1884

		EASED NAME	FIRST	ME	MIDDLE	EXAMINI	EK 5 CE	AST	AIE OF			REG. N		H DAY	YEAR	Zb. HOUR
1	(TYPE	OR PRINT)	Ernes	st	D.			Brown	1		OF	MATED (		17	1981	M
	. SEX		RACE black	5. DATE OF BIRTH	62	6 AGE (IN YEAR	MONTHS		HOURS /		C. DATE RONOUN DE AD	ICED	MONTH	17		2d HOUR
\$	Ptf. BIF	RTHPLACE (STA	TE OR MD	76. CITIZEN OF WE	HAT COUN				ER MARRIEL	D X		ore city timore	_	NTY OF	DEATH	PM
		YORTOWN C	FDEATH	11. NAME OF HOS		TREET ADDRESS)				12a. USU/		PATION (TY		K 12b K	IND OF BU OR INDUSTI	ISINESS
	JSUA 3e. ST		F IN NURSING HOME (	OR OTHER INSTITUTION, GI	VE RESIDENCE		e l	3d. INSIDE (II	IN FINISTS 1	130. STRE	TADDRE	ss Penh	urst	Av	re.	
Ti	4. FA	HER'S NAME Errol		MIDDLE	Bro	own		Bä	R'S MAIDEN	a.	М	IDDLE	F	Bald	lwin	
1	6a W (YE	S, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY		7. INFORM				ADDRES				030
L		No		ily one cause per line		N/A		Bark	ara V	Wins	ston	503	3 Qu		sbur	
	NOI	gave rise couse (o) : lying caus PART 2 OTNER SIG	NIFICANT CONDITIONS	(b)		ISEOUENCE O		DR CONDITION	GIVEN IN PART	1 (a),						
	CERTIFICATION	190. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERA	TION WA	S PERFORA	AED?					20	AUTOPSY	NO 🗆
,	MEDICAL CERT		OR G CAUSE OF		MONTH.	4/17,81		oject	occurred shot	(ENTER NA	TURE OF IN:	URY IN ITEM 18	PART I OR	PART 2)		
	MED	21d. INJURY OF WHILE AT WORK		21e PLACE ( STREET, FAC' NOME	OF INJURY TORY, FARM, ET		380		nhurst	Ave	city or to	ältim	ore	City		Md.
		220. I certify death resulted ACTUAL SIGNATURE	11	ge of the remains des	Accident		Autapsy ide,	Hamici TITLE (SF	Inspection de X, PECIFY)	Undeter	Inquiry mined mo	anner 🗌	nd in my DAT SIG		4/18/	81
5		EXAMINER'S N (TYPE OR PRIN	IAME T)	Horme	z R.	Guærdm	.MD.	DDRESS_	111 P	enn	Stree				21201	
	_			23h DATE	23c. N	NAME OF CEM	ETERY OR	CREMATO	RY	23d. LOC	ATION					ATE
	23a, BL (SI	Burial	ON, REMOVAL	4/22/81		ing Me		-		CIIYO	RIOWN	more		OUNTY		ID

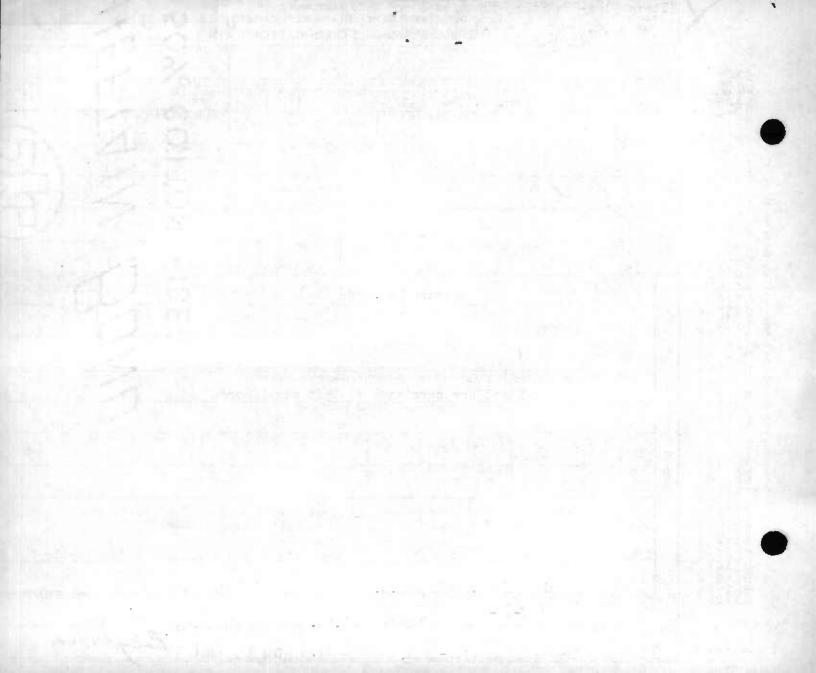
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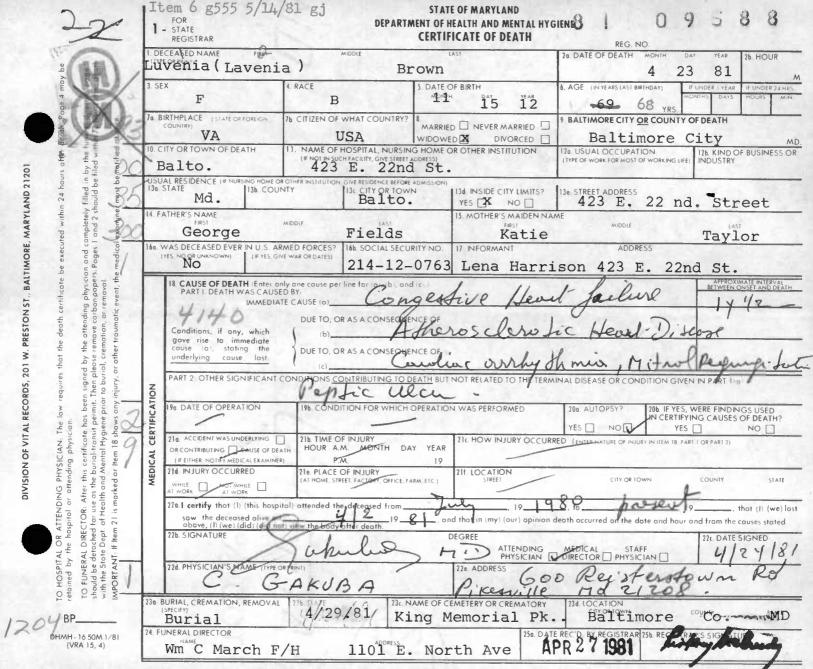


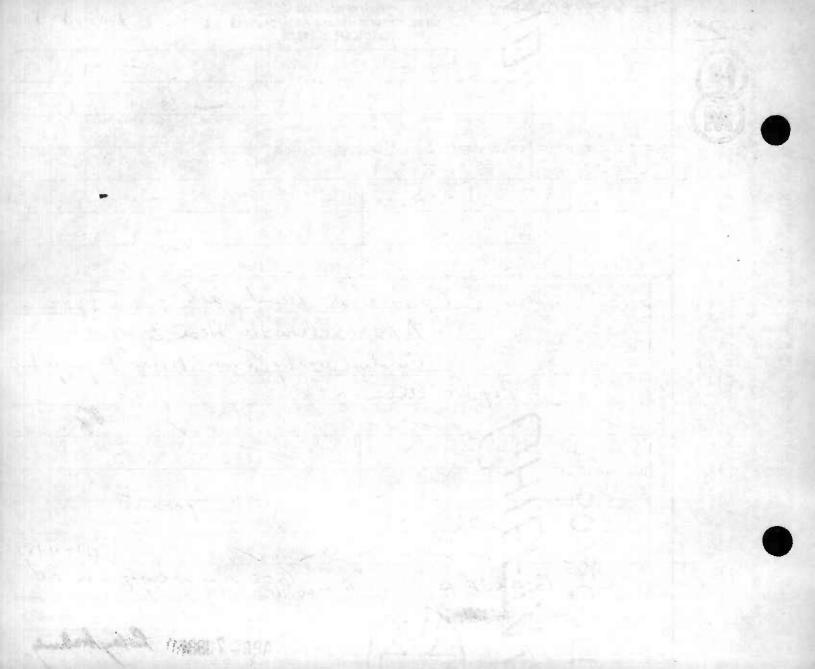
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e 4 may be de, page 3		CEASED NAME FIRST OR PRINT)  FROM A	A RACE S DATE OF BIRTH	CON	AGE (IN YEARS LAST BIRTHDAY)	PAY YEAR 25. HOURS MILE INDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Party Survey		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED		BALTIMORE CITY OR COUNTY	OF DEATH MD.
ours after of filed with	Ľ	S2/10	11. NAME OF HOSPITAL, NURSING HOME OF OTH  (IF NOT AN SUCH FACILITY, GIVE STREET ADDRESS)		OUSUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
ND 24 hd 24	13a S	ATHER'S NAME	132/2 YES.	_/ _ /	STREET APPORESS Ma	SE ST 2114
A 6 6 6 8	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. IN	FIRST BAFTA	MIDDLE LATERS ADDRESS	SUD LAST
, BALTIMORE, incide be executively by sicion and coppers. Pages oval.	(	18 CAUSE OF DEATH Enter on	E WAR OR DATES) 2/80/34/64 M	es Marioux	ORDIEY 7511 LEX	V APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
201 W. PRESTON ST. es that the death certif ned by the attending p please remove carbon urial, cremation, or rem	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DBY.  TE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  SEVER LIVE  CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	POSEVE of	Didio Replication given	EN IN PART 1/0
VITAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS	PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
SICIA ng pl certif certif entol-t	MEDICAL CER	2] a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	OCATION	(ENTER NATURE OF INJURY IN ITEM 1B, PA	ART 1 OR PART 2)
E	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Tot) ottended the deceosed from	STREET 19	CITY OR TOWN	COUNTY STATE  19 that (I) We past
HOSPITAL OR ATTI		sow the deceased alive an above (IV/we) (did/did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO	DEGREE	E ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
BP	7	BURIAL, CREMATION, REMOVAL	236 DAYE /8/ 236 NAME OF CEMERE HERE	mensk,	Ballinese	COUNTY MISTATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	HAME UPL LY	Pluss 2222 Nr harte	Lare APR 2	7 1981	RAR

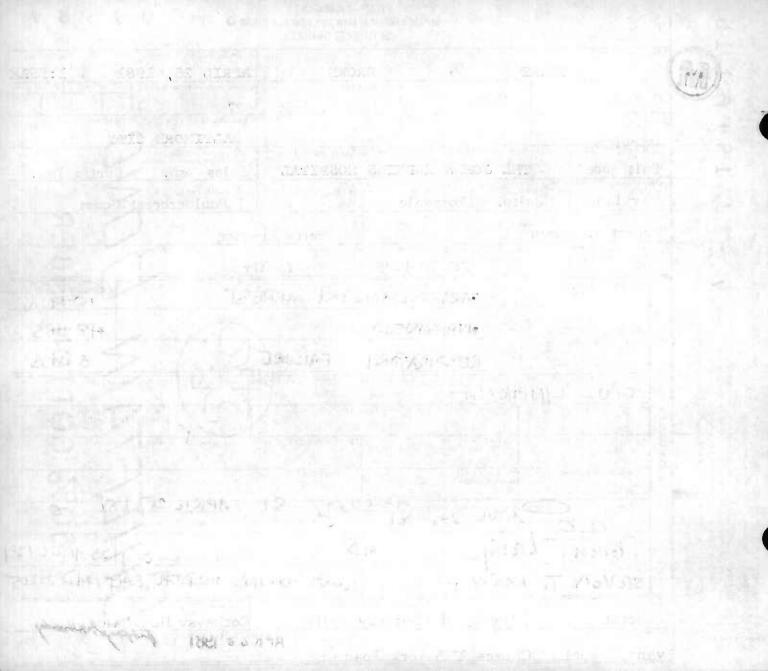


T.		ASED NAME OR PRINT)	FIRST			WIDDLE	EXAMIN		LAST			2a. DATE OF	KNOWN IS	_	DAY	YEAR	2b. HOUR
3.	SEX		l da	5. DATE	OF BIRTH		6. AGE (IN YE	EARS IF UN	TOWN	IF UNDER	24 HRS	2c. DATE	MATED [	MONTH	DAY	1981 YEAR	2d HOUS
1	Fer	nale	Black	Jan		940	LAST BIRTHD	RS. MONTI		HOURS		PRONOUN	NCED	4	1.1	1981	1:30
	d. BIR	HPLACE (STA		7b. CITI	ZEN OF WH			10	ED X NE	VER MARR	IED 🗆	9. BALTIM	ORE CITY O		ITY OF		1 11 //
7	M	ARYLAND	)		USA			WIDOW	ED 🗆	DIVORC	ED 🗆		Itimor				MD
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13	la. STA	residence (1 TE RYLAND	FIN NURSING HOME	OR OTHER IN	ASTITUTION, GIV	13c. CITY	BEFORE ADMISS OR TOWN TIMORE		13d INSIDE ( YES XX	ITY LIMITS?	13e. STR	EET ADDRE	DLAND	AVE	JUE		
114		HER'S NAME		WIDDLE			LAST			R'S MAIDI	N NAME	M	AIDDLE		2440	LAST	
1	_	LTER	61/68 0			-	ÎNSON			EVEA					DYD		
16	(YES	NO, OR UNKNOW	EVER IN U.S. AF	E WAR OR DA	(TES)		IAL SECURIT	Y NO.	MELR	OSE I	IONES	481	O CORT		A A	VE.	
		gave rise	, if any, which	h e	(b)	AS A CON	re Dis	OF									
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	MEDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying ca	CAUSE WAS OR CAUSE OF COURRED NOT WHILE AT WORK	Par DEATH	(b) DUE TO, OR (b) DUE TO, OR (c) ING TO BEATH 1 PILLAR P. M. (Te PLACE C STREET, FACTO  Termains descent	AS A CON:  AS A CON:  BUT NOT RELAT  V CALI  INJURY  MONTH  DF INJURY  ORY, FARM, ETC.	SEQUENCE  SEQUENCE  SEQUENCE  TEO TO THE TERM  C I NOM  HICH OPER  DAY YEAR  19  (AT HOME.  C.)	OF  OF  AINAL DISEASI  A O f  RATION W  21f. LOG  S  Autopicide	OR CONDITION  Left  AS PERFOR  OW INJURY  CATION  REET	VOCAL MED?  OCCURRE  Inspection ide	D LENTERN Undete	CITY OR TOV	wn anner ,	od in my a  DATE SIGNI	DUNTY		NO STATE



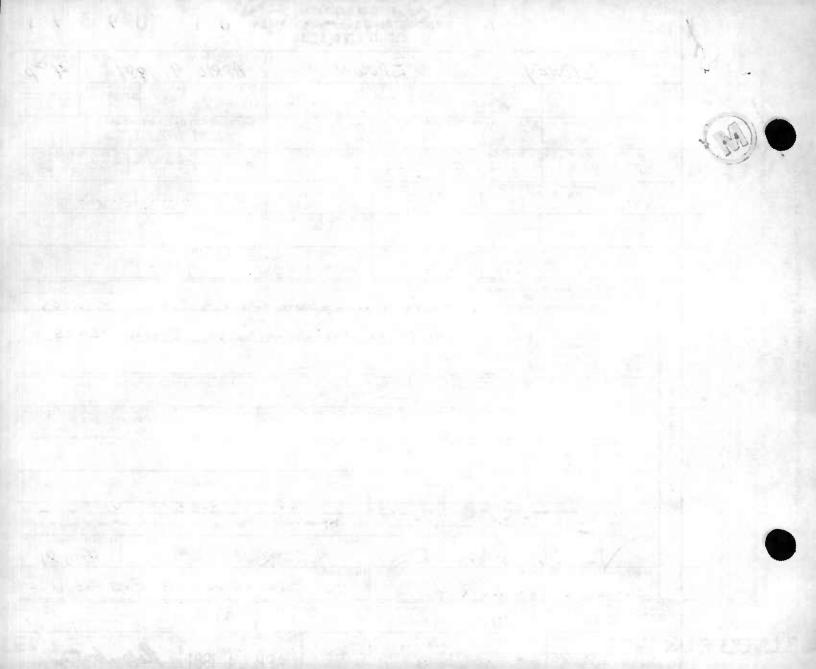






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11.	• STATE REGISTRAR		M	EDICAL					F DEA	TH	REG. NO	7	2		J
	ECEASED NAM	E FIRST		MIDDLE			LAST		2	a. DATE	KNOWNX		DAY	YEAR	2b. HOUR
L	THE OR PRINTS	Rober	t	Le	е		Brown		- 1	OF DEATH	MATED [	4	9	1981	_ M
3. 51		4. RACE	5. DATE OF BIRT	H Y YEAR	6. AGE (IN Y		DER 1 YR.	IF UNDER		RONOUN	ICED	HINOM	DAY		2d. HOUR
	nale	black		1941	39 v	RS.	DAIS	HOURS		DEAD		4	9	1981	1:442
7a.	OREIGN COUNTRY)	TATE OR	76. CITIZEN OF	WHAT COUN	TRY?	8. MARRI	ED NEV	ER MARRI	ED [		ORE CITY O			DEATH	
	orth Ca		US			WIDOW		DIVORCI			ltimor				MD.
E	altimor	е	144	Reed Reed	bird	Aven		ION	12a. USU. FOR M	AL OCCUP OST OF WOR	PATION (TYP KING LIFE)	E OF WORK	12b. KI	IND OF BU R INDUST	JSINESS RY
13a.	STATE aryland	(IF IN NURSING HOME	OR OTHER INSTITUTION, NTY	13c. CITY	BEFORE ADMISS OR TOWN LIMORE		13d. INSIDE CIT	Y LIMITS?	13e. STRE 144	et addre Reedl	ss bird A	venu	e		
14. 1	ATHER'S NAME		WIDOLE		LAST		IS. MOTHER	R'S MAIDE			IDDLE			LAST	-
	David	đ	MIDDLE.	Bro				Marga:	ret	M	ID OLE			lish	
16a.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURI	IY NO.	17. INFORM.				ADDRESS				
	No	7-1-1		220-	-36-80	46	Marga	aret	Brown	144	Reedl	oird	Ave	nue	
	18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one couse per li			54.0	1.		4.				BET	PPROXIMATI	E INTERVAL T AND DEATH
	1/ 4/		TE CAUSE (o)				diovas	scula	r dis	sease					
	400	ns, if ony, which		R AS A CON	SEOUENCE	OF									
-	gove ris	se to immediate	(b)												
	lying cou	stating the <u>under</u> se last.	DUE TO, C	R AS A CON	SEQUENCE	OF									
	PART 2 OTHER CO.	CHIEICANT CONDITIONS	(c)CONTRIBUTING TO OEAT	THE THE THE THE	TO TO THE YEAR	UNIAL OSCALO		angu u a a							
Z		DHIIICANI CONGILIONS	CONTRIBUTION TO UEAT	W KOL HOL KELA	IEU IU INE IEK	WINAL UISEASE	CONDITION	GIVEN IN PAR	l[ ] (g).						
ATIC	19a. DATE OF	OPERATION	19b. CONE	OITION FOR V	WHICH OPE	RATION W.	AS PERFORM	AED?					20 /	AUTOPSY:	?
FE														YES X	NO 🗆
CERTIFICATION	210 EXTERNA	L CAUSE WAS	21b. TIME (		5.4V V=:	21c. HC	OW INJURY O	OCCURRE	D LENTER NA	ATURE OF INJ	URY IN ITEM 18	PART I OR PA		150-151	
	CONTRIBUTION	OR OR	DEATH P.	M. MONTH	DAY YEA	K									
MEDICAL	21d INTURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME.		CATION			CHUCAN					
×	AT WORK	NOT WHILE [	J STREET, PA	CIURT, PARM, ET		5	INCEI			CITY OR TOV	VN.	co	YTNUC		STATE
			ge of the remains d	escribed obo	ve. held on	Autops	XX ye	Inspection	, []	Inquiry		d in my or	DIDIOD		
	deoth results		rgl colles XX	Accident		vicide	, Homicio			rmined mo			P-111011		
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	ACTUAL SIGNATURE	1	LUDU	in	7	M.		istan	t MEDIC	CAL EXAM	INER	DATE	ED	Apri:	1 10,81
-	EXAMINER'S	NIAME	/-												
	(TYPE OR PRI	(TV		z R.	Guard,	M.D.	ADDRESS	111 P			t,Bal	timor	e, 1	MD 21	L201
23a.	BURIAL, CREMA	TION, REMOVAL	23b. DATE				R CREMATOR		23d. LOC	RTOWN		cou	NTY	Si	ATE
24	Buria	1	4/15/81	Pa			rial P				Mary	rland	-		
W.	n NANC ME	tor erch Euro	ral Home	Me.	1.20	mul	X		EC'D. BY I	1981	R 25b. R.	ISTRAR'S S	NA.	Present.	
	11	11/	Men	n	~1101	E. No	orth A	VAPR	79	1001	1	7"		7	
											-	1	1	Se 18 1	

English and the second grand a description of the manifest to the state of the s



- STATE

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

Bryant

5. DATE OF BIRTH

WIDOWED

REG. NO 2a. DATE OF DEATH April 4, 6 AGE (IN YEARS LAST BIRTHDAY)

105

75

IF UNDER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE!

126 KIND OF BUSINESS OR INDUSTRY

1981

40 S. Pulaski St.

YES X NOF 15. MOTHER'S MAIDEN NAME Lossie

13d. INSIDE CITY LIMITS?

MIDDLE ADDRESS

Cofield

166 SOCIAL SECURITY NO 17 INFORMANT 240-09-2672

Henrietta Bryant 40 S. Pulaski St.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH. Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM ETC )

J.

Negro

Bryant

40 SHACIPUTES RESS St.

Baltimore

USA

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

COUNTY

NO F

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

WESTVIEW MEM

PHYSICIAN

DIRECTOR PHYSICIAN

22e. ADDRESS Fratt

20g AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CO.

MD

24. FUNERAL DIRECTOR

Burial

(SPECIFY)

DHMH - 16 50M 1/81

(VRA 15, 4)

Wm. C. March F/H 1101 ADE: North Ave.

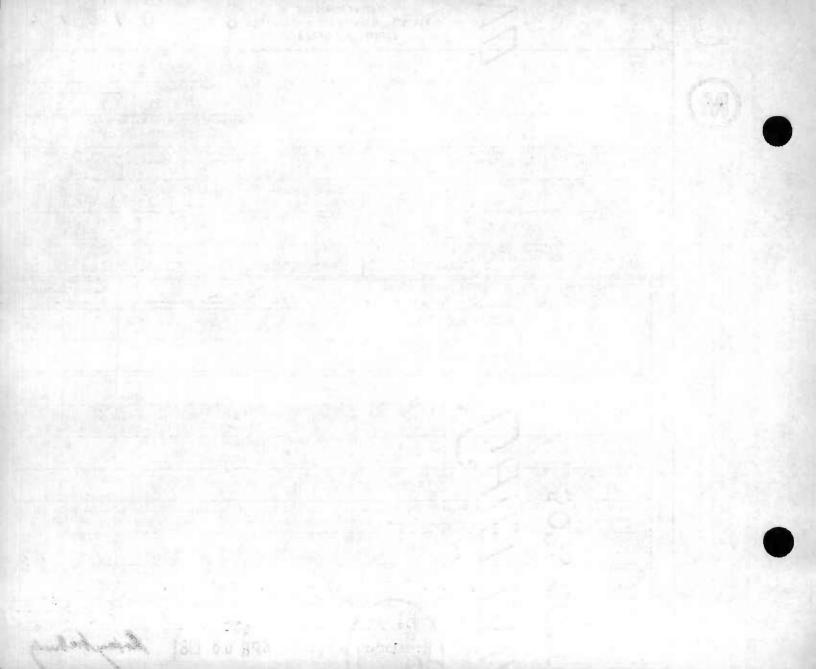
4/10/81

23b. DATE

25a. DATE REC'D. BY REGISTRAR 25b. REGI

23d LOCATION

Baltimore



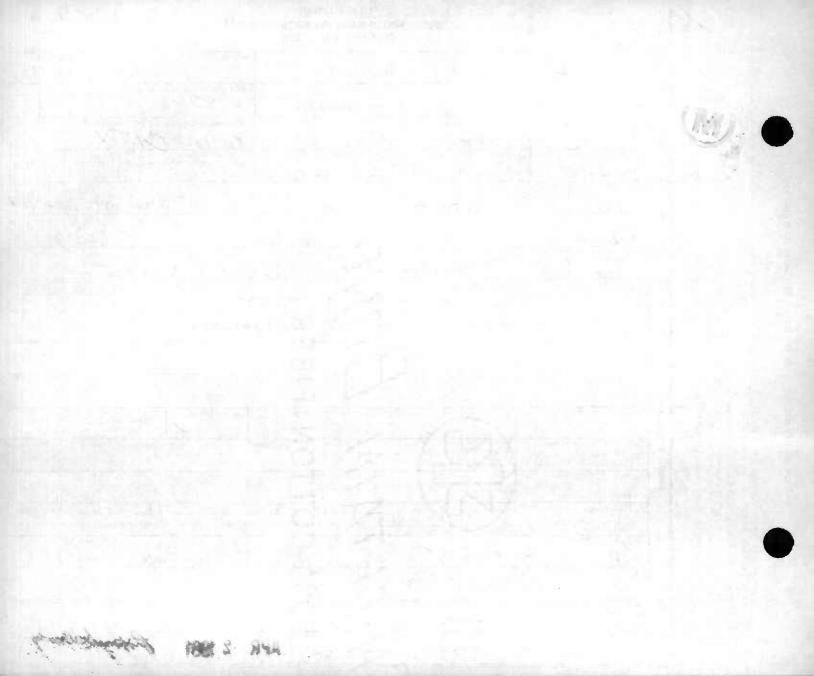
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CORECN FULCH (191 White U. 18, 1800 viJ menifis Baltimore Union Margrid Hospital Adency Avenuer E.C. Estimone x - 118 W. University Plays. Bulloch Nanganet 816 84 149 Mrs. Lucille S. Culoch

Oren sion + State Hebrew Friendship Estimon, M. W. Hebrew Friendship Estimon, M. Henry W. Jenine Cons Co. 4805 York Ford Estion. 21210

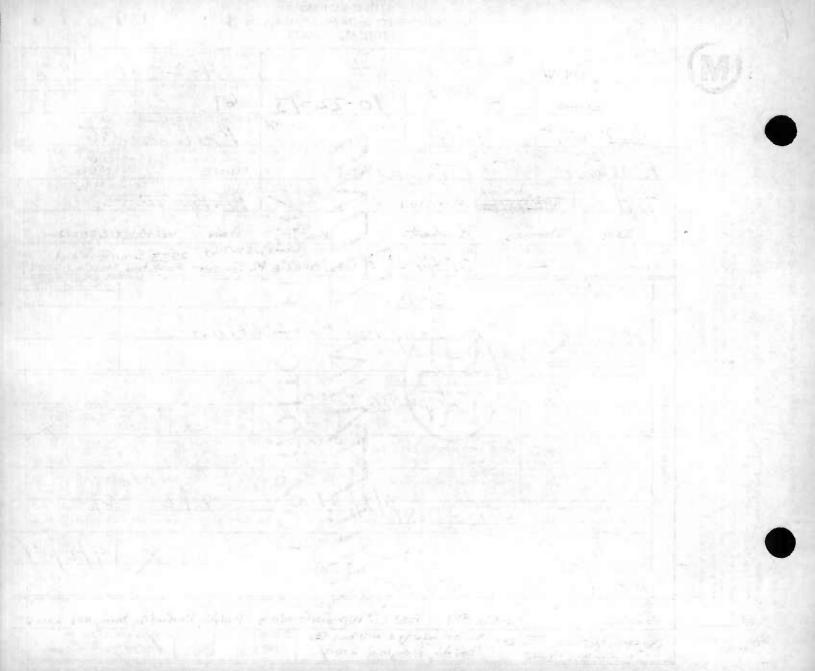
0	1 -	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		407
# # # # # # # # # # # # # # # # # # #		CEASED NAME FIRST	ATHEA R.	BUNDY	REG. NO	DAY YEAR 26 HOU
ar, page 3 ifter death	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	
	5	OUNTRY)  HA  ITY OR TOWN OF DEATH	U.S.A.	MARRIED L NEVER MARRIED L WIDOWED DIVORCED DI ING HOME OR OTHER INSTITUTION	Batto. CI	/ Vb. KIND OF BUSINE
by the filed w		Batto.	North Charle	s Gan. Hosp.	(TYPE OF WORK FOR MOST OF WORKING	
ould be	13a S	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13C CITY OR TO		13e STREET ADDRESS 30-Ch	St. apt
and 2 sh	14 FA	THER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	MIDOLE	Dorse 4
Pages 1 o		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	URITY NO. 17. INFORMANT	ADDRESS	
sician coers. Po		18 CAUSE OF DEATH (Enter of	2/5-22		Hicks II W.	APPROXIMATE INTER
bon po remav		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Care:	roma of Vagir		
ottendir nove carl ation, or Iroumatie		Conditions, if ony, which	DUE TO, OR AS A CONSEON	JENCE OF Emel	astasis.	
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signed hen plec to buriol ijury, ar	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition G	IVEN IN PART 1(0)
prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEAT
sho sho	CERTII	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART LOR PART 2)
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	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY ST.
OR: After the or use as the f Heolth and I is marked		· · · · · · · · · · · · · · · · · · ·	pital) attended the decepsed from		10_ 4/1	, 19.81 , that (1) (4
200		sow the deceased alive o obove, (l) [we)(did) did r	not) view the body after death.	81 and that in (my) opinio	n death occurred on the date and ha	our and from the causes sta
detached detached ate Dept. IT: If Item		A.C. Ch	onvalit, m	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
should be deta with the State [ MPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	OUVALIT P	n. D. 22e. ADDRESS		
5 4 ¥ ¥	23a. E	SURIAL, CREMATION, REMOVA SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STA
		Burial	4/6/81	Arbutus Mem. Pk	Arbutus,	Md
16 50M 1/76 \ 15 (4) )		INERAL DIRECTOR NAME  NA	ADDRESS	North Ave.	ATE REC'D, BY REGISTRAR 256. RI	Mary Destro



1000 1000 many happy to the source

Dun 26. 1726 Sulyes altion of Route samleaman-Medicaeld Halto. faction xx 3715 Chentingt Awims (21213) Tajir Mic-20-1977 Ems. Louise Burke-1776 Chastnut Ave. 22212 Surfal [1/2]/21 Lorraine mark Cen daithore , Maryland 

more thanks



X	i.	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 1 0	9 5 9 9
T NUMBER	1. DE	CEASED NAME FIRST	MIDDLE	LAST		YEAR 26. HOUR
1		EFFIC	Bu	RLEY	4-12-	-81 558 PM
MAR	3. SE	Х	4 RACE 5. DATE	OF BIRTH  DAY - YEAR  4 - 91		IF UNDER TYEAR IF UNDER 24 HRS
INI		FEMALE	BLACK 9	- 4-91	89 YRS.	
0 1 70	/a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARR WIDON	IED NEVER MARRIED DIVORCED	BALTO CIA	MD.
offer with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
20 ors of filed		BALTO	Mercy Hosp		Howevife	
YLAND 2120 thin 24 hours ely filled in by 2 should be fille	130	STATE 136 SOUN	OTHER INSTITUTION CHE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 2547 FRAI	VCIS ST
withii withii d 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
A b d d s		JULIAS	KEID	MARY	ADDRESS	D
BALTIMORE, one be execu- ysician and co- pers. Pages 1 vol. , the medical		VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?  E WAR OR DATES)  16b. SOCIAL SECURITY NO  N/A	17. INFORMANT	. Faith Church	
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the atterments emotion		Conditions, if ony, which gove rise to immediate	b) MCSSIVE	my co cardia	Macron	moves
W. hot the by the series of the ather		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	5		vears
neces es		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	
ORDS, requir	] e		S/P Stroke			
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N OF VITA SICIAN: TI ng physicia certificate miol-tronsi ental Hygi		21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2}
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DIVISION DING PHY or attending After this e os the bu olth and M morked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
			tall attended the deceased from 3-	19 9		19 tho (II) we) lost
A AT A AT		sow the decess olive on above, (I (we) did) did no 22b. SIGNATURE	t) view the body after death.	DEGREE (My) our) opinion	death occurred on the date and have	22c DATE SIGNED
0 a 0 a d		Potrice	ia 19. Som	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	4-12-81
HOSPITAL ned by the FUNERAL old be det of the Stote		224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		4.0
TO HOSPITAL reformed by the TO Funed by the Should be detall with the Stote IMPORTANT:		PATRIC	IA D. SMITH	MERCY	HOSPITAL	
7 e ₹ ≥ 3 ₹	23a.	BURIAL, CREMATION, REMOVAL	4	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
1303 BP	21.5	Durial	14/21/81 mt. (	alvary Len	TE REC'D. BY REGISTRAR 256. R	Con mo
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR	F/H 1101 E. No		2 2 2001	A STATE OF THE PARTY OF THE PAR
	W	m. C. March	F/M 1101 6. 100	TO THE AF	11 00 00	

TEN COMPANY NOW AND HAVE AND THE PARTY OF A

15	1.	FOR STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH		9600
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
be 3	(TYP	EORPRINT) Hattie		Burley	4	16 81 231 PM
You	3. SE			DATE OF BIRTH /	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
20e 4		F	B	11 25 01	79 YRS	
# 1000		IRTHPLACE (STATE OR FOREIGN 7b. C	ITIZEN OF WHAT COUNTRY? 8.	AARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
o de de	10.0	ITY OR TOWN OF DEATH	USA   W	DIVORCED DIVORCED	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
of the office	10	p 14 C.S	IF NOT IN SUCH FACILITY, GIVE STREET ADDR	ESS)	(TYPE OF WORK FOR MOST OF WORKING	
2 A 2 A	USU	AL RESIDENCE (IF NURSING HOME OR OTHER STATE 136 COUNTY	South Balt Institution, GIVE RESIDENCE BEFORE ADM	Gen Hospital	Mouseunte	
24 h	130.	Med 136 COUNTY	+ Balt	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	lumn St.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. E	ATHER'S NAME	LAST	15. MOTHER'S MAIDEN N	AME	01011 27
p 11350		Nelson	Oavis	Mary	WIDDLE	Smith
Poges		WAS DECEASED EVER IN U.S. ARMED			ADDRESS	
o o o o o o o o o o o o o o o o o o o		no	248-26-23	306A 55 Eliza	beth unlace	2408 Huron St.
cote cote aysical appearant, the art, the		18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY:	couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph ponp remo		IMMEDIATE CA	USE (0) Cardiac	arrest	CAAA - Land	
NG PHYSICIAN. The law requires that the death cottending physician.  ottending physician has been signed by the attending sthe buriel transit permit. Then please remove cart thand Mental Hygiene prior ta buriol, crematian, ar arked ar Item 18 shows any injury, or other traumatic.		10010	DUE TO, OR AS A CONSEQUENCE		ury embolist	n 45 min
e att mave natio		Conditions, if any, which gove rise to immediate	(b) PE C	aspiration		13 1111
that the by the case re		cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	E OF		
		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
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s been sermit. I sprior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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DING P or offer After the se os the marked		22a   certify that (I) (this hospital) a	ttended the deceased fram	MARCH 23 19 8	1 to april 16	2, 19 81, that (I) (we) lost
R ATTEN hospitol IRECTOR bed for to the Fort of Hem 21 is		saw the deceosed alive an obove, (1) (we) (did) (did not) view		, and that in (my) (aur) apinia	n death accurred an the dote and h	
OR AT e hosp biREC oched f bept. e		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
Al O the Odetoc ote Dote Dote Dote Dote Dote Dote Dote		Barbara G	1. Fretwell	MC ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	april 16'81
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	23a.	(SPECIFY)	4	E OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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DHMH-16 30M 2/80 (VRA 15, 4)	14. 1	NAME	H HOLES		R 2 0 1981	ATTANES SI NATURE
	W	m. C. March. t	H 1101 C. /U	orth Ave. Af	7 20 1001	

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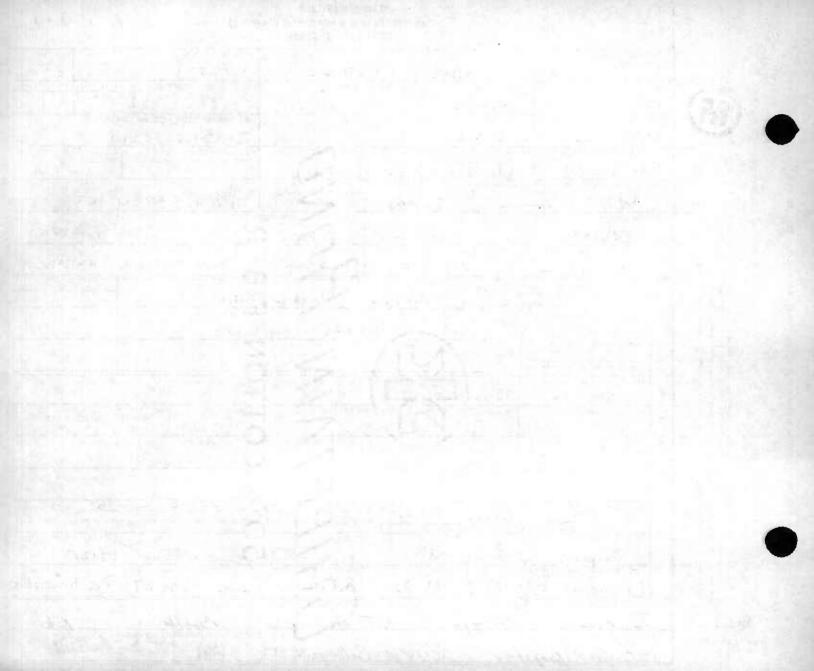
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	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR TE HOUR
d be		FREE	EMAN	CAMP	4.	21-81 4 PM
ê \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	H UNDER LYEAR   LINDER 24 HES.
7.5		MALE	BLACK	MONTH DAY YEAR 5 27 3/	49	YRS.
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ie wil		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
5-John 394	B	alto.	- /	lospital	SALESMAN	BAKERY
be in hoop 22	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE B	FORE ADMISSION)	13e. STREET ADDRESS	
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RYLA Thinner	14. F	ATHER'S NAME	MIDDLE / LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	TAST
AM 200 19 3500		RAIBH V	Ynu	NG HATTIE	3	Dukes
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BALTIMORE,  OR,  ore be executed by sisting and copers. Poges 1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b	, and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g phy on poseno even		CA CA CA CAMMEDIAN	TE CAUSE (o)	SIVE EXAMOUL	NATION	
o or resident		7888	DUE TO, OR AS A CONSE	QUENCE OF /	CI -t	
he attendin mation, or r troumatic		Conditions, if any, which	( A) Sepa	trated Thomas	Shuni	
the the		gave rise ta immediate couse (0), stoting the	DUE TO, OR AS A CONSE	OUENCE OF		2 - 2 - 1
201 V		underlying cause lost.	(c) 1/1	ERIUR MYOCI	9KD/AL INF	AR CIIM
	7	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
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PREC low low son son	P. S.	19a. DATE OF OPERATION	Chronic he	ICH OPERATION WAS PERFORMED	_ INC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
TAL The cicion te hor sir p gien show	E	210. ACCIDENT WAS UNDERLYING			YES NO	YES NO
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DIVISION OF PROPERTY OF After 14 After 14 After 14 After 15 After 16 After 16 After 16 After 17 After		-	home		4/20	8/
ATTENDIN spirol pro- CTOR: Aff of for use a f. of Health	1	220.1 certify that (1) (this haspi sow the deceased olive on	11 1 7 1		on death accurred at the date an	nd hour and fram the couses stoted
		obove, (I) (we) (did) (did no	t) view the body ofter deoth.	DEGREE		22c. DATE SIGNED.
0 " 2 2 2 =		(how)	Telegram	J MATTENDING	MEDICAL STAFF	4/01/0
PITAL by the ERAL Store ANT:	+	22d. PHYSICIAN'S HAME (TYPE O		PHYSICIAN  22e ADDRESS	DIRECTOR   PHYSICIAN	1/21/01
TO HOSPITAL ( retoined by the TO FUNERAL I should be detoin with the Stote [ IMPORTANT: If		mores	BREMARIA		1 1/ - 1-1	
Short of Sho	73c	BURIAL CREMATION, REMOVAL		11.D. GENERALOR	L HOSP, TAC.	
ZOOU BP	230.	(SPECT Y)	4/25/61	Achietica man	PU DORTOWY	COUNTY STATE
1007	24. F	UNERAL DIRECTOR	1/00/01	250. D	ATE REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
ĎHMH-16 30M 2/80 (VRA 15, 4)	0	I NAME + NO O O O	7/1, 172, ADDRE	AC CULLICH AS	R 2 3 1991 to	item probende
		naviran	JIF 110/11	I COUNTY TO I THE	IN DU BOUT	-

		OR		D	<b>EPARTMENT O</b>	FHEALT	H AND MENTAL	HYGIEN	F 1	0 0	9 6	5 ()	1
		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DEA	TH RE	EG. NO.			-
T.		EASED NAME FIRST			MIDDLE		LAST	1	OF EST		TH DA	AY YEAR	2b HOU
1	{ TYPE	OR PRINT	A		C	AMPB	FT.T.	7. 11.7	OF EST	ED 4	-1	1981	
3.	SEX		5. DATE C		6. AGE (IN	YEARS IF U	NDER I YR. IF UNDE		c. DATE	MONT	TH D		8 12
ŀ	Ee	male white	e Nov	. 19.	1920 LAST BIRT	YRS.	THS DAYS HOURS	MIN	PRONOUNCED DE AD	1	-1	1981	p^
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ľ		reign country) aryland	U	.S.A.					Baltim	ore C	itv	,	ME
10		Y OR TOWN OF DEATH	II. NAME	OF HOSP	ITAL, NURSING HO	ME, OR OT		12a. USU	AL OCCUPATIO	N (TYPE OF WO	PK 12b.	KIND OF BU	JSINESS
F	3a	ltimore			LLITY, GIVE STREET ADDRES Cederick		2110	FORM	ecretari	FE)	(	OR INDUSTI	RY
ld.	SUA	L RESIDENCE (IF IN NURSING HOM	E OR OTHER INST	ITUTION, GIVE	DESIDENCE DESCRE ADMI	ELACHDE				7		01 2	
13	No. SI	ryland Bal	inty timore		Baltimon	0	YES A NO		Of Irede	onich	Roge	1	
1		THER'S NAME					15. MOTHER'S MAI			buck.	Total		
		FHRST , -7 11	estu.	Sr.	LAST		Edna Ma		MIDDLE			LAST	
16		AS DECEASED EVER IN U.S. A	ARMED FORCE	ES?	16b. SOCIAL SECUR	RITY NO.	17. INFORMANT	- Let	AD	DRESS			
	(YE	S, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATE	S)	E 1 3 3		Don Camp	20011	10000	Walnut	54	752	112
=		18. CAUSE OF DEATH (Enter of			(-) ( )		Dort Cary	neu	70000 1	· unul	7	APPROXIMATE	FINTERVAL
н		PARTIDEATH WAS CAUS	SED BY.				ic cardio					BETWEEN ONSE	I AND DEAT
		Lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING	c) 5 TO OEATH BO	JT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).					
	CERTIFICATION	195. DATE OF OPERATION	1106	CONDITI	ON FOR WHICH OP	EDATION V	WAS DEDECRAFINE				100	0 AUTOPSY	2
	5	THE DATE OF CHERATION	1178	CONDITI	ON TOR WINETION	LKATION	VAS FERI ORMED:				1		
	ERT	21s EXTERNAL CAUSE WAS	21h	. TIME OF	NIURY	21. 6	OW INJURY OCCUR	DED (ENTERAL	ATURE OF BUILDY BU	ITEM IS DADT I O	D D A D I 2)	YES .	<b>Ж</b> ои
		UNDERLYING OR	H	OUR A.M.	MONTH DAY YE	AR		VED TEHLEKIA	CORE OF INJURY IN	HEM TO PART I OI	n cont zj		
	MEDICAL	CONTRIBUTING CAUSE O		P.M.	FINJURY (ATHOME.	211.17	CATION						
	ME	WHILE NOT WHILE			DRY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
		AT WORK AT WORK											
1		228. I certify that I taak cha	arge of the rer	mains desc	ribed abave, held an	Auta	psy , Inspect	non ,	Inquiry XX	and in my	y apıniaı	n	
		death resulted fram: Na	tural causes	X	Accident ,	Suicide	, Hamicide	Undete	rmined manner				
		ACTUAL NIA	مـه٠	A	.01/ 10	7	TITLE (SPECIFY)						
4		SIGNATURE WOLLD	ريلير	M	egne		Assista	antmedi	CAL EXAMINER	DA' SIG	TE GNED	4-2-	81
1	-	EXAMINER'S NAME		7	77 3.3	M .							
L		EXAMINER'S NAME Mar		a A.					nn Str	eet			
2	30. BL	IRIAL, CREMATION, REMOVAL		0.	1.1	- 0	OR CREMATORY	CITY C	CATION		OUNTY	A.	TATE
L		cremation	4/2/	81	Westvi	ew (e	metery	La	tonsvill		lto.	Mary	yla
2		INERAL DIRECTOR		ADDRESS					REGISTRAR 256	. REGISTRAR	SSIGN	ATUR	he
	An	phone tuneral	Homa	122	8 Sulphun	Snain	an Rd Al	<b>DB</b> 3	1001	pugg	de	400 22	1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have all

0.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 1 0 9 6 0 9
X	- STATE REGISTRAR	· · · · · · · · · · · · · · · · · · ·		REG. NO.
	DECEASED NAME FIRST	MARY MIDDLE LOUISE	CARDINALI	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	IVA	ey ( Al	DIMALI	04 27 81 425
3. 3	SEX	1 PACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 P WONEYS DAYS HOURS A
30	BIRTHEP CE (LATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8, 12 13	9 BALTIMORE CITY OR COUNTY OF DEATH
33 1	laryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City
39	BA Imore	IN SUCH FACILITY, GIVE STREET	OSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired
D C 130		UNITY 13c 777 OF DAY Limore Catonsy	/N 13d. INSIDE CITY LIMITS?	130 STREET APPREAS OAK LOOGE RUD
Settle areas	FATHER'S NAME	MIRC - LAST	15. MOTHERS MAIDEN NA	ME MODIF
30	Salvatore WAS DECEASED EVER IN U.S. A	Liberto	MMC	
2 160	(YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?  SIVE WAR OR DATES)  16b SOCIAL SECU  214-03-		114 Oak Cooge Rd. 21228
=	no			Cardinali, Sr.  APPROXIMATE INTERVAL BETWEEN ONSET AND DE.
	PART I. DEATH WAS CAUS	1 4 4	1 1 1 1 - 7	BETWEEN ONSET AND DE
	1941 MMEDI		DIA PUT ANCIES	
	Conditions, if any, which	DUE TO, OR AS A CONSEQU		Allogo
	gave rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEQU		10,000
5	underlying cause lost.	(a) The As	TATIC ADREMAL	CARCIMONA
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
A H	1 4/15/81	EXCHANNAL	BIOPSY	YES NO YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR ILE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART   ORPART 2)
90	(IF EITHER NOTIFY MEDICAL EXAMIN	LAIR	19	
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC ) 211 LOCATION STREET	CITY OR TOWN COUNTY STA
	AT WORK NOT WHILE		11/	
	22a. I certify that (I) (this has sow the deceased alive a	oital) attended the deceased fram_	9/10/8/ 19	, to 7,17 , 198 , that (I) (we
	above, (1) (was did ) (did r	at) view the bady after death.		deoth occurred on the date and hour and fram the causes state
	W. J. W	)	DEGREE ATTENDING	MEDICAL STAFF X 220. DATE SIGNED
	THE PHISH TAN'S NAME (TYPE	OR PRINT	PHYSICIAN [	DIRECTOR PHYSICIAN 1
1	S. Ack	Ey MD	Meney -	lospital, Baltmone, mo
230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STAT
21	Burial		estlawn Cemetery	Marriottsville, Howard, Md.
1 24		dmondson Ave Authers C	atonsville,Md 250 DAT	and the state of t
	Witzke Funeral	Home of Catonsvi	11e, P.A.21228 AP	R 2 9 1981

territal Aller and the control of the control of the bloom transfer to the description of the state of the sta 1530 Edmondson Nums. Emboragelle, Fld distant junesel lions of Catenauilla, P. s. 24228 LPR 2 8 1987 | June 1987 | J

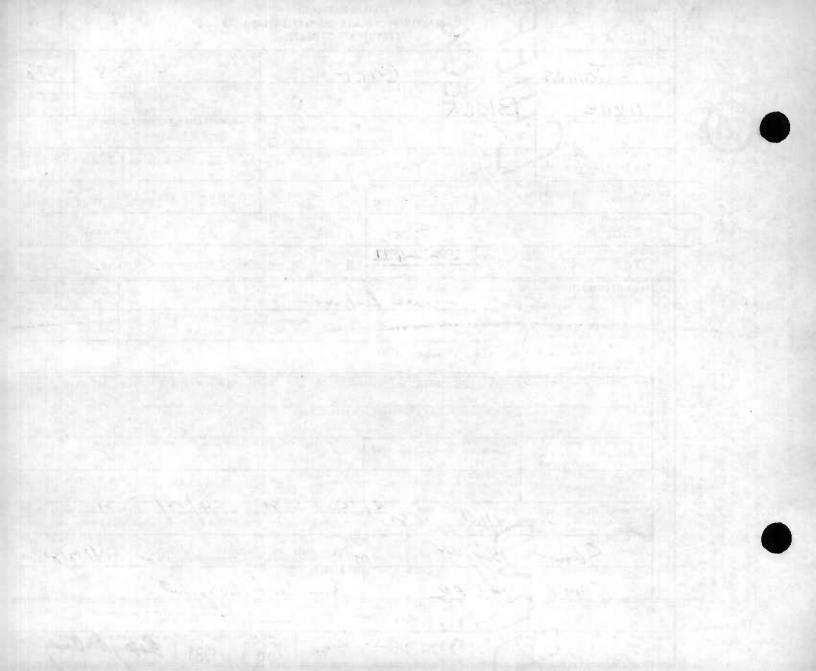
9	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8   REG. N	0 9	6 1 0	)
oge 3 death		CEASED NAME FIRST OR PRINT) JOHN	инос	MIODLE JASE	PER	OWE/	20. DATE OF DEATH 4/7/8/	MONTH DAY	YEAR 26 HOUR	AN
ofter o	3. SE	Male	4 RACE Black		5. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.		MIN.
	C	RTHPLACE ISTATE OR FOREIGN DUNTRY) /irginia	16. CITIZEN C	F WHAT COUN	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	WE
filed within		TY OR TOWN OF DEATH	(IF NOT IN S	HOSPITAL, NI SUCH FACILITY, GIVE HOSPITA	STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF TOTES SOT	ON OF WORKING LIFE)	NO STRY COLLEGE OPPIN State	S OR Ge
must be f		AL RESIDENCE (IF NU GHOM STATE Sb. CC	EOROTHER INSTITUTE DUNTY	ON, GIVE RESIDENCE 13c. CITY OR Columb		13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS	low Bot	tom Drive	
Ord 2 st	14. FA	THER'S NAME FIRST Glover	MIDOLE E.	Cardwe.	11	15. MOTHER'S MAIDEN NA FIRST COTA	F68		Tweedy	
Poges 1		VAS DECEASED EVER IN U.S. ves, no or unknown) (IF Yes, Yes	ARMED FORCES GIVE WAR OR GATES)		SECURITY NO. 4-8360	Willie Cardu	umbia,Md <sup>ADDRE</sup> vell, 11111		Bottom Dr.	
signed by the otter Then please remave of to bursal, cremation, njury, or other traum	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO,	OR AS A CONS	SEQUENCE OF	JEANCTON NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	~ 10 L ~ 0~6 MO	~n
hos been prior ows any i	CERTIFICATION	190 DATE OF OPERATION 2/25/81	6	رهماد	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH	1?
Mental Hygie	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART !	OR PART 2)	
os the builth ond Marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME,	E OF INJURY STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STA	TE ·
red for use ppt. of Heo rem 21 is m		27a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE			19 <u>81</u> , a	nd that in (my) (our) opinion DEGREE	deoth occurred on the d		that (I) (wild from the couses state 22c. DATE SIGNED	
should be detoch with the State De IMPORTANT: If It		22d PHYSICIAN'S NAME (TY	PE OR PRINT)	8		MD ATTENDING PHYSICIAN	MEDICAL STA		4/2/81	
should with the		NICHOLAS A		n		Bramore		111 ITALS		
the Park		BURIAL, CREMATION, REMOV SPECIFY) Burial	4/11,		Crestla	wn Cemetery			Howard, Md	E .
6 50M 7/77 . 15 (4))		UNERAL DIRECTOR 5555 Ltzke Funeral					TE REC'D. BY REGISTRAR	THE REGISTRAN	SSIGNATURE	

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	1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND I	MENTAL HYG	IENE 8	REG. NO	0	9 6	11	
, be	I. DE	CEASED NAME OR PRINT)	Alber		ohn	Ca	rr		2a. DATE O	F DEATH /	AONTH 230		26. HOUR 5:39 P	- M
ge 4 mb)	3 SE	x Male		4 RACE White	2	5. DATE O		YEAB 21	6. AGE INY	EARS LAST BIRTH		IF UNDER I YEAR	R IF UNDER 24 HRS	
522 5	7a. B	RTHPLACE (STATE OR FO	DREIGN	U.S.	WHAT COUNTE	MARRIE WIDOWE	D NEVER A	AARRIED		T MODE		OF DEATH	м	D.
the first	E	SALTIMORE		ST A	HOSPITAL, NUR H FACILITY, GIVE STE GNES H	OSPITA		ITUTION	(TYPE OF WOR	LMORE OCCUPATION K FOR MOST OF Printe	WORKING LIFE	) INDUSTRY	OF BUSINESS OF	?
bould be	-	AL RESIDENCE (IF NURS STATE Md .	Howa	OTHER INSTITUTION. ITY LTd	GIVE RESIDENCE BE 13c. CITY OR TO Columb	FORE ADMISSION)	13d. INSIDE C	NO K			ots 0	ak Rd.		
130	14. F	Lawrence C		MIDDLE	LAST		<b>G1</b>	MAIDEN NA					AST	
Z medical		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	318 01		17. INFORMA R <b>obert</b>		i <b>a</b> ms,E	ADDRE	370 Co	ourt A	ve. y,Md.210	)4
signed by the attending hen please remove carb, to burial, cremation, or i njury, or other traumatic	NO	Canditians, if any, gave rise to imm cause (a), statim underlying cause  PART 2. OTHER SIGN  PULMONAI	nediate g the last.	$ \begin{cases} b) S \\ DUE TO, OF \end{cases} $		CALCII DUENCE OF	NOT RELATED	TO THE TERM	INAL DISEAS	e or cond	ITION GIVE		(a)	_
sst permit. I giene prior shows ony in	CERTIFICATION	190 DATE OF OPERAT	ION	PERI	TION FOR WHI	CH OPERATIO	LON	RMED	20a AUTO	NO	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH? NO []	_
this certifica e burial-trand d Mental Hy d or Item 18	MEDICAL CE	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR	AUSE OF DEAT ALEXAMINER)	HOUR A./ P./ 21e. PLACE (	M. MONTH M.	19	21f LOCATIO	JURY OCCURE	RED (ENTER NA	TURE OF INJURY		COUNTY	STATE	
DIRECTOR: After ached for use as th Dept. of Health an if them 21 is marked	*	WHILE NOT WHAT WORK  220. I certify that (I) saw the decease abave, (I) (we) (id 22b. SIGNATURE	(this haspited alive an	al) attended the	e deceased fra	m, ar	DEGREE	_, 19(aur) apinian (		d an the da	, 1 te and haur	9and fram the	, that (I) (we) las e causes stated E SIGNED	,
should be determined by the State			ME (TYPE OR	Pelczar,	M.D.	M	77e ADDRESS	PHYSICIAN [			AN	,MD.2	124/8/	_
)	230. [	BURIAL, CREMATION, I SPECIFY) Cremation	removal n	23b. DATE 4/47/8	and the same of th	estview		anle.	Caton	RTOWN	, Bal	COUNTY Ltimote	STATE	=
- 16 50M 1/76 R A 15 (4) )	SL SL	NERAL DIRECTOR ACK Funera:	1 Home	e,Ellico	ADDRESS City	y, Maryl	and 210	25a DAT	PR30	EGISTRAR 2	Sb. REGISTR	AR'S SIGNA	Grody	_

BALTIMORE 17. ACHE MOST TAN The state of the s TERRO CONTRACTOR CONTR the restriction of the section of th The Asset Day Elect District and Company College

N.		FOR STATE REGISTRAR	/21/81 GB DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	0 9 6	1 2
noy be poge 3 r deoth		CEASED NAME FIRST CORPRINT) James	MIDDLE	Ca	LAST DE BIRTH		MONTH DAY YEAR	2b. HOUR
E Sept	3 35	male	Black	MONT 2		67	MONTHS OAYS	
	C	RTHPLACE STATE OR FOREIGN OUNTRY) MD	76 CITIZEN OF WHAT COUN	MARRIE			nore City	MD.
by the filled wi	10. C	Baltimore	11. NAME OF HOSPITAL, NI (JENOT IN SUCH FACILITY, GIVE Provident	STREET AODRESS) HOSPI	tal	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be file wol. 11, the medical examiner must be to	USU 130. S	AL RESIDENCE (IF NURSING HOME OF STATE MD	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR Bal	JOWN TIMORE	13d. INSIDE CITY LIMITS? YES X NO		enmore Ave	•
E, MARYLA completely i I and 2 sh	14. FA	George	Albert LAS	Carr	15. MOTHER'S MAIDEN NA Alberta	WIDDIE	Viney	AST
be execut on ond co	16a V	VAS DECEASED EVER IN U.S. AR YES, YOUR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 TOTAL (F WAR OR DATES)	15-6255 5-6255	17 INFORMANT Linda Carr	5028 Denr	SS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT  NG PHYSICIAN. The low requires that the death certificate be attending physicion.  After this certificate has been signed by the attending physicio as the buriol-transit permit. Then please remove carbon papers the and Mental Hygiene prior to buriol, cremation, or removal.  orked at Item 18 shows any injury, or other traumatic event, the	NO	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS (c)	SEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	(01
he law re on. hos beer t permit. ene prior ows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIC	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDIN CERTIFYING CAUSE:	
DIVISION OF VITAL  DING PHYSICIAN: The or ottending physicion or defer this certificate he os the buriol-tronsit, oith and Mental Hygie marked or Item 18 sho	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19	21t. HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NATURE OF INJUI CITY OR TOV		STATE:
OR ATTENDING OR ATTENDING the hospital or of DIRECTOR: After Sched for use as 1 Dept. of Health of them 21 is market		22a.l certify that (I) (this hasp sow the deceosed alive on above, (I) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.	60 1	nd that in (my) (our) opinion DEGREE	deoth occurred on the de		, that (I) (we) last e causes stated E SIGNED
HOSPITAL bined by the FUNERAL sould be determined by the Store by the		22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)  MANTAR		M. 1) ATTENDING PHYSICIAN [ 220 ADDRESS  Browni Lew	MEDICAL STAL  DIRECTOR PHYSIC	CIAN D 4/	17/81
9 € 2 € § <u>8</u> —	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4/21/81		et. Cemeter	y Crownsy	/ille <sup>county</sup>	MEMTE
DHMH-16 50M 7/77 (VR A 15 (4))	24. F	uneral director Im. C. March	F/H 1101 <sup>ADD</sup> E	Nort	h 7370	TE REC'D. BY REGISTRAR	25b. REOSTRAR'S SUNA	TORE !



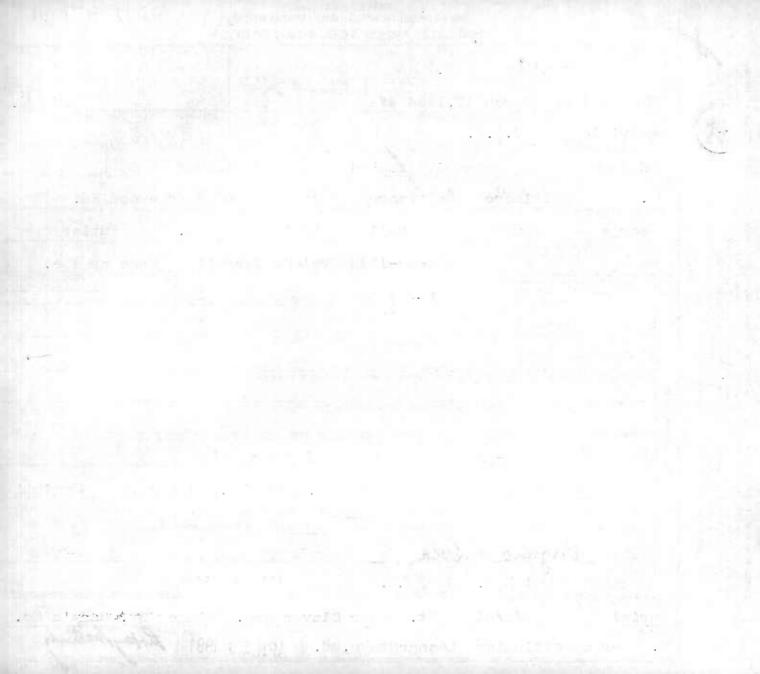
VOIDED DEATH CERTIFICATE FOR

ANNIE EVELYN CARROLL \* 81-09613

May 1, 1981, City SEE MAY, 1981 Drawer



9	11.	1	FOR			ST DEPARTMENT C	F HEALTI	AARYLAND I AND MENTAL I	YGIĘNE	0	9	6 1	4
1	1		STATE REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEATH	REG. NO.			
	19		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE	KNOWNX	MONTH	DAY YEAR	26 HOUR
	2 8 8 8 E	(100	CORPRINT	Granv	ille	В.	(	Carroll	OF	MATED	4!	27 1981	. M
	PEE STEEP	3. SEX	4.	RACE	5. DATE OF BIRTH	6. AGE (III	THDAY) MONT			ICED.	MONTH	DAY YEAR	2d. HOUR
	N S S S S S S S S S S S S S S S S S S S	Ma	ale I	Black		7,1934 4	7RS.	HS DAYS HOURS	MIN. PRONOUP	) ACED	4	27 1981	2d. HOUR 9:40 a.m
	ECESSARY, PIEASE NERAL DIRECTOR. FOR YOUR FILES. THIN IZ HOURS PRESTON STREET.	Ja Bi	RTHPLACE (STATI	OR	76. CITIZEN OF W	HAT COUNTRY?	11	IED KNEVER MARR	IED 9. BALTIN	AORE CITY OR	COUNTY		
	アコルドル	1	achvill		U.S.A.		WIDOV			Itimore	e Cit	٧	MD.
	SEGEN CONTRACTOR	10. CI	TY OR TOWN OF	DEATH		SPITAL, NURSING HE	ME OR OTH	ER INSTITUTION	12a. USUAL OCCU	PATION (TYPE (	OF WORK	26. KIND OF BU OR INDUST	SINESS
	EATH. IF ANY DELAY IS N. 15. AND 3 TO THE FE PM 3. RETAIN PAGE SHOULD BE FILLD.  EVITAR RECORDS, 201		Baltimore		Univ	ersity Hos	pital		Cleane	r		01(11-1000)	
5	ANN ANN ORD					HE CITY OF TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRE	225		0 11 '' 19	
21201	SEGENTAL AND THE SECOND	M M	d.	Balt	imore	Baltimo	re	YES NO	13e. STREET ADDRE	Edgew	poo	Rd.	
. WD.	H. II.		ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	ENNAME	AIDDLE		LAST	
	SES TANK		George	5	Sammy	Carro		Annie		4.	Bu	tler	
WO	PAGORA ONO	16a. V	VAS DECEASED E		MED FORCES? WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT		ADDRESS			
BALTIMORE	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1; EF MEDICAL EXAMINER ALONG WITH FORM PM, EED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2. HEALTH AND MENTAL HYGIENE, DIVISION OF VITA AL, CREMATION, OR REMOVAL.		no	, , , , , , , , , , , , , , , , , , , ,		214-30-	1190	Evelena	Carroll	Sar	me a	s 13e.	
	WIT. P		18 CAUSE OF D	EATH (Enter an	ly ane cause per line	far (a), (b), and (c).)						APPROXIMATI	INTERVAL
201 W. PRESTON ST	ERW ERW AL.		CALO	H WAS CAUSED	TE CAUSE (a)	Blunt i	njury	to Head					
STO	ALC ALC AYG AOV		768	ð	DUE TO, OF	AS A CONSEQUEN	CE OF						
-	ANE SANE	-		if any, which ta immediate	(b)								
*	A AMI		cause (a) sta lying cause	ating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	CE OF						
	EXA SE				(c)								
SQ.	MA BUSINESS	_	PART 2 OTHER SIGNS	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a),				
RECORDS,	AS AS AS	CERTIFICATION											
AL R	HIEF POULT NO PED PED PER HER RIAL,	CA	190 DATE OF O	PERATION	196. COND	TION FOR WHICH O	PERATION V	/AS PERFORMED?				20. AUTOPSY	
DIVISION OF VITAL	200 M F 3 -	E E	21a. EXTERNAL O	ALICEVALAC	211 71015 0	F IN LIVERY I	- di - l di - i -					YES XX	NO 🗌
Ö	S AND S		LINDERLYING !	NOR.			AT OF CHEAR	OW INJURY OCCURRE		JURY IN ITEM 18 PA	RT T OR PART	(2)	
O O	PART SART	S	CONTRIBUTING	CAUSE OF I	21e PLACE			subject wa	<u>as beaten</u>				
N V IS	HIS CERT WRITING WARDED 1 AGE 3 SH ATE DEPA	MEDICAL		OL MHILE X	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TO		cour		STATE
<b>D</b>	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIL PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		AT WORK	TWORK	<u> </u>	allway		06 W. North	Ave.,Bal	timore_	,	Mary	and
	A SES		22a. I certify t	hat I taak charg	e af the remains de	scribed abave, held a	n Autor	sy 💹 , Inspectio	n . Inquiry	, and	in my api	nian	
	AN PER		death resulted	fram: Natur	al causes,	Accident,	Suicide	, Hamicide XX	Undetermined m	anner .			
	WII WII	ĺ	ACTUAL	11.	Y	01		TITLE (SPECIFY)				4 00	0.4
	사람당 사사 사사	1	SIGNATURE	verg	ma a	Noca	^	Assistant	MEDICAL EXAM	AINER	DATE SIGNED	4-28-	-81
	MEDIC CUTE SE 4 S FUNE FR DE		EXAMINER'S NA	ME Vin	vinia l	Dalan M.C		1.1.1	Dann Ctr	oot.			
	A PER		(TYPE OR PRINT	Altá		Dolan, M.D		ADDRESS	Penn Str	eeı			
	E05 E 4 9	23a.B	URIAL, CREMATIC SPECIFY) Urial	N, REMOVAL 2				OR CREMATORY	23d. LOCATION CITY OR TOWN	~	COUNT	Y 51	ATE
1-11	BP				5/2/81	St. P	eter	Caaver C	em. Rid	ge S	C. M	ary's	Md.
1511	DHMH - 17	74. F	. Clark		ingley	Toonand	tourn	Ma DATE	REC'D. BY REGISTRA	IK 1200	my/	restructo	
	(VR A15 ME (5) ) 15M 2/80	77	. Clark	e matt	THRIGA	Leonard	cowii,	Md. AP	2 9 1981		1		



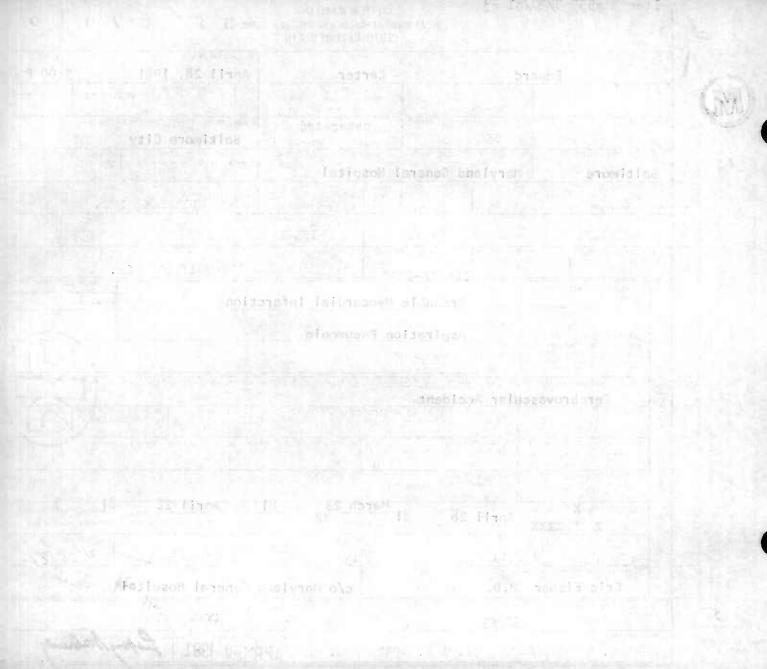
2 4	Items #10a-22a F	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYGI	ENB   0 9	6 1 5
Ex-	REGISTRAR	MEDICAL EXAM	NER'S CERTIFICATE OF D	REG. NO.	
2	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
2	Cor	rnelius	Carter	DEATH MATED 4	10 19 81 M
	3. SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN	YEARS IF UNDER 1 YR. IF UNDER 24 HE		DAY YEAR 24 HOUR
Children of the Children	Male Black	"January 23, 30° st etg	YRS. HOURS MIN.	PRONOUNCED DEAD 4	10 19 81 7:06 p.m
18 2 4 E S	To BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
SAN	Baltimore Md	U.S.A.	WIDOWED DIVORCED		У
HE FI	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO			OR INDUSTRY
RE, MD, 21201 EEATH. IF ANY DELAY IS N SES 1, 2, AND 31O THE FU A PM 3. RETAIN PAGE 5. AND 2. SHOULD BE FILED. IF MITAL RECORDS. 201 W.	Baltimore	753 W. Favette	Street	aborer	-0
MAIN DO	USUAL RESIDENCE (IF IN NURSING HOM 130. STATE 13b. COL	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	SSION	STREET ADDRESS	
AND RETAIN HOULE	130. STATE 13b. COL	Baltimo	re YES X NO 7	53 W. Fayette St	reet 21201
M. H. H. J. 2, 2, 3, 1, 2, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE WIDDLE	LAST
SOC AND SOC	James R. C.		Catherine		LASI
TIMORE, MI FIRE DEATH, FORM PM PES I AND 2 ION OF VITE	16a. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SECUI	RITY NO. 17. INFORMANT	ZADDWood H	ome Village
S AFT GIVE TITH F PAGE VISIC	No	and any two time and min other two	James A. C	Carter, 2	cay 1 in Ci.
	18. CAUSE OF DEATH (Enter	anly ane couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
R HO LENE	PART I DEATH WAS CAUS	ED BV	sorder associated w	ith alcoholism	BETWEEN ONSET AND DEATH
STON Z 24 H N ITEM A LON IT PER YGIEN	3030	DUE TO, OR AS A CONSEQUENCE			
THIS SEA	Conditions, if ony, which				STATE AND STATE
201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL TRANS OM MENTAL I DON, OR REA	couse (a) stating the unde		E OF		
EXECUTED NG" IN PROCESS EXAMPLES OF STATEMENT OF STATEMEN	lying couse last.	(c)			10 July 100
AAN AAN AAN	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	RMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
S S S S S S S S S S S S S S S S S S S	2				
UID WED HEAT	19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OF	ERATION WAS PERFORMED?		20. AUTOPSY?
SHOULD ORD "PE CHIEF A E USED A UNITAL RE USED A UNITAL, C	I I				YES 🔀 NO 🗆
A SENTENCE OF THE SENTENCE OF	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
CERTIFICATE THE WINGS THE WEB TO THE DEPARTMEN TO REPARTMEN TO PRICE TO THE DEPARTMEN TO THE PRICE TO THE PRI			AR		
ASI ING ED 1 3 SH PRIC	CONTRIBUTING CAUSE O  21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME.	21f. LOCATION		
DIVISION OF VITAL RE IS THIS CERTIFICATE SHOULD IE, WRITING THE WORD "PEI RWARDED TO THE CHIEF M IS PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA O, 21201 PRIOR TO BURIAL, C	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN COUN	TY STATE
RE TE, V	22s Leavelle shoet though sho	arge of the remains described above, held ar	Autopsy XX, Inspection		
A S S S S S S S S S S S S S S S S S S S				, Inquiry , ond in my opir	nion
K YITH	dealif resolved fraili: Na	Accident [],	TITLE (SPECIFY)	determined manner,	
99397.8	ACTUAL SIGNATURE	ma Lisolan	M.D. Assistant M	DATE	4-11-81
SET E	SIGNATURE		M.D. <u>1331314111</u> M	SIGNED SIGNED	7 11 01
COLT WE	EXAMINER'S NAME V	rginia L. Dolan, M.D	ADDRESS	Penn Street	
TO MEDICAL EXAMINER: THIS CENCUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (IN THE STATE (IN THE STATE (IN THE STATE (IN THE STATE)))	230 BURIAL CREMATION REMOVAL		ADDRESS	LOCATION	
BP BP	Burial			Baltim ore. Mary	
0400	24. FUNERAL DIRECTOR		250. DATE REC'D.	BY REGISTRAR 135 BEETS BEAR S. IL	of the state of
DHMH-17 (VR A15 ME (5))		n e 4611 Pa <b>5</b> k Height	APR 20	1981	
15M2/80	East - mierar mon	ne zon i sak nefðut	s ave.	b desired	

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19	1.	FOR STATE REGISTRAR			DEPART		FALTH AND MENTAL HYC	REG. N	0.	4 0	10	
1		CEASED NAME	FIRST	MIDDLE LAST			LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR	
1	(TYPE OR PRINT)  E dwa			ard		Car	rter	April 28,	1981		5:00 P	
Aut at				4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	(YACHT	IF UNDER 1 YEAR	IF UNDER 24 HRS	
NOL		MALE		BLACK		MONT	DAY YEAR 22 16	65 YRS. MONTHS DAYS			HOURS MIN.	
A		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WHAT COUNTRY?		8 5	DEPREVER MARRIED [	9 BALTIMORE CITY C		OF DEATH	1	
/ FA 555		COUNTRY) MD		USA		WIDOWED DIVORCED		Baltimore City			WE	
11/2		TY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Maryland General		ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. K			(IND OF BUSINESS OR JSTRY	
e ii		AL RESIDENCE (IF NUR	SING HOME OF				spital					
filled hould b	BALTIMORE 13		13b COU		13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO		ADDRESS WHITELOCK ST.			
etely 12 sl	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			1.44		
\$ 30C		RICHARD			CARTE	ER	WILLIE	ANN		Qΰ	EEN	
ician and co		AS DECEASED EVER			16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	ESS			
	,	(IF YES, GIVE WAR OR DATES)  VES  216-10-5792				700	IRENE CARTE	R 823 WHITE	LOCK S	Т.		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)							APPROX	IMATE INTERVAL ONSET AND DEATH		
phy on po emav		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Probable Myocardial Infarction										
ding orbo		4360 DUE TO, OR AS A CONSEQUENCE OF										
ove c ion,		Conditions, if ony, which ( (b) Aspiration Pneumonia										
emo emot emot		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
ose oth		underlying cause last.										
ned ple puric y, or	-3	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)										
Ther to t	ON	Cerebrovascular Accident										
icion.  te hos bee nsit permit.  rgiene prior shows ony	CERTIFICATION	190. DATE OF OPERA		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 21b					20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED OF DEATH?	
	E							YES NO	YES		NO 🗌	
H-tronsition of Hygin 18 sh		210. ACCIDENT WAS UN	L.	110110 1	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)		
cert cert iniol cento	CAI	(IF EITHER, NOTIFY MED	ICAL EXAMINE		Μ.	19						
d ar Mark	MEDICAL	21d. INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, I	FARM ETC )	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
h or h or rke	~	AT WORK NOT WE	HILE							0.		
s mo		220.1 certify that N (this hospital) attended the desposed from March 23, 19 81, to April 28, 19 81, that (i) (we) los										
of to of the		sow the deceased shape APTIZO 19 01 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (A(we) (did have not) view the body after death.										
IREC hed ept.		276. SIGNATURE DEGREE 276. DAT									MONEDY	
by the IERAL D oe detacl Stote D ANT: If the		C. 9, ATTENDING MEDICAL STAFF 4/28/8/.										
		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. AD					22e. ADDRESS	J DIRECTOR   TITISIC	This is		701.	
AN St.		22d PHYSICIAN'S N	AME (TYPE	OKPKINI)				c/o Maryland General Hospital				
A the Land		Eric F						d General Ho	ospita-	11		
O FUN hould be with the	23a. B	Eric F	isher	, M.D.			EMETERY OR CREMATORY	23d. LOCATION			CTAYE	
hould be with the MPORT	23a. B	Eric F	i sher	, M.D.			EMETERY OR CREMATORY SVILLE CEM.		VILLE	COUNTY	STATE MD	

1 tem o g555 5/20/01 gj



4-8-81

Brown/Thompson F. H. 1913 W. Balto. St.

REG. NO MONTH 26 HOUR 1981 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired 4913 Park Hights. Ave. Randall 214 16 6503 Catherine Carter 4913 Park Hightel Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ATHROPOSCIERGTIC OR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN

Mt. Auburn Cem.

Baltimore

25a. DATE REC'D. BY REGISTRAR 25b. REGISTAR'S SIGNA

 $Md^{\text{TATE}}$ 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

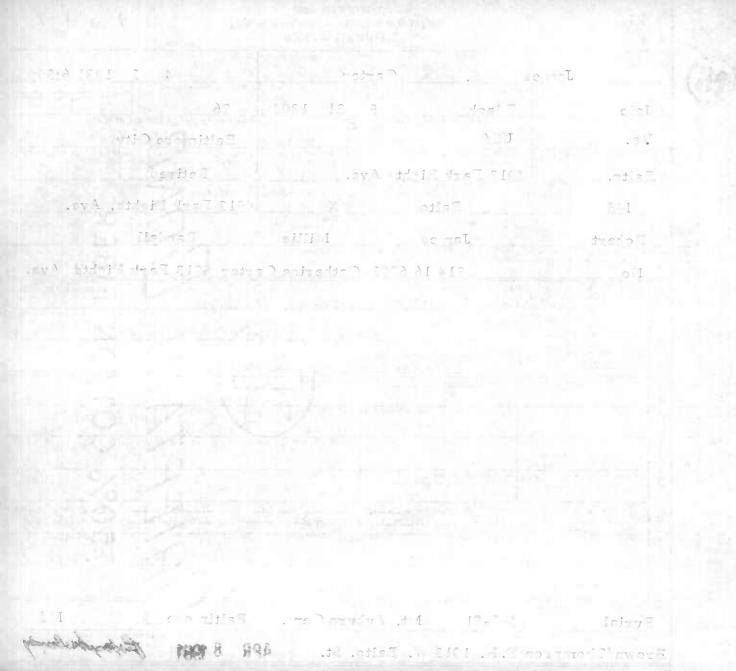
HMH-16 30M 2/80 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR

FOR 1 - STATE

REGISTRAR

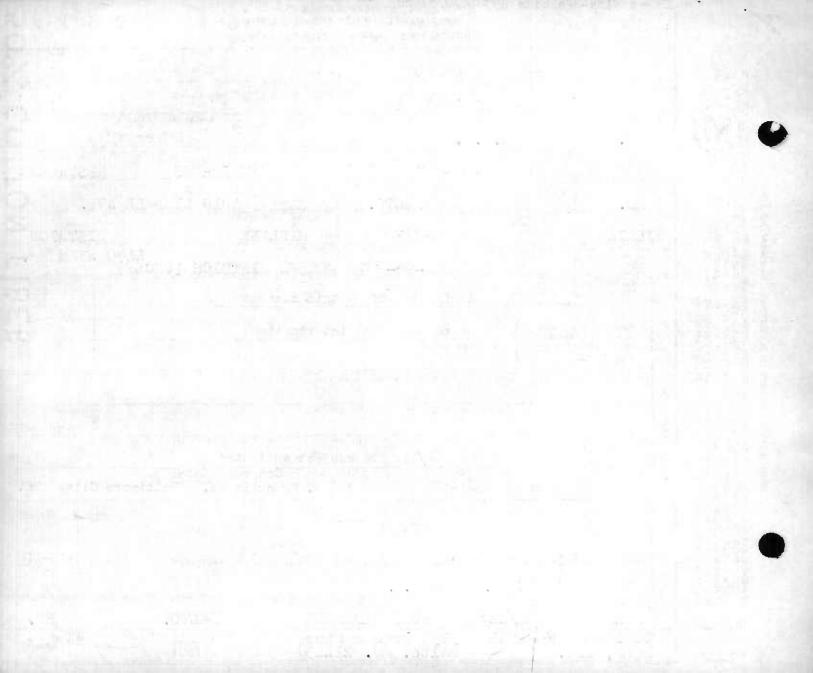


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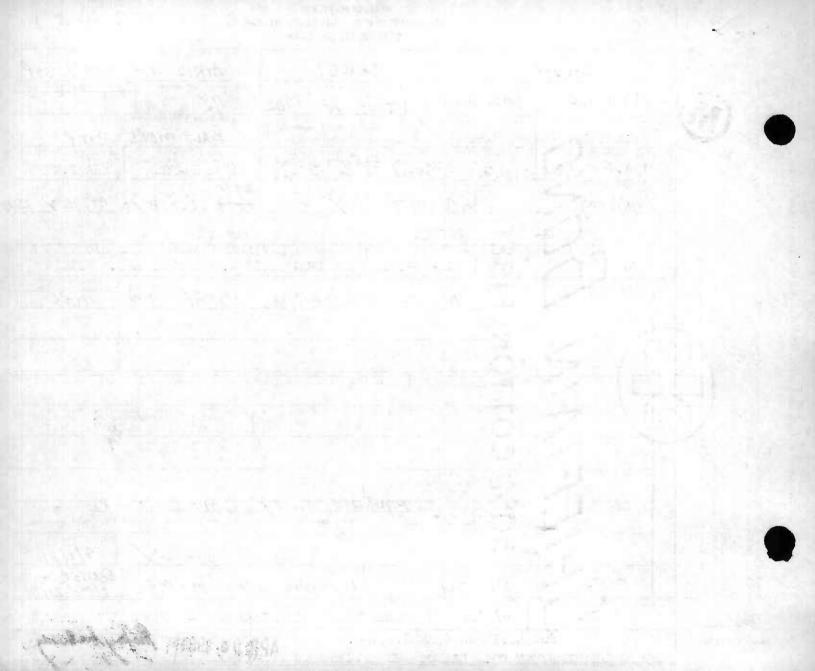
3	•	11-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 9 6 9 6 9 6 9 6 19												3		
	A 55 5 F.	1. DE	DECEASED NAME (179E OR PRINT)  MIDDLE LAST  MIDDLE LAST  OF ESTI- DEATH MATED  4									YEAR 1981	2b. HOUR						
	SA STREET		emale	4. RACE White	Dec 2	4 1961	6. AGE (IN YE LAST BIRTHD. 19 YI	ARS IF UN	DER I YR.	IF UNDER	MIN	2c. DATE PRONOU! DEAL		MONTH 4	12	YEAR 1981	24 HOUR 4:35 a.m		
9	到的多	FC	RTHPLACE (S PREIGN COUNTRY) Md.		U.S.	Α.	WIDOW			NED NEVER MARRIED A			altimo	tty					
	DELAY IS 3 TO THE IN PAGE RDS, 2018	E	Baltimo	re	(IF NOT IN SU	CH FACILITY, GIVE	y Hosp	ital	ER INSTITU	TION	FOR A	TRES	RKING LIFE)	PE OF WORK	WORK 126 KIND OF BUSINESS OR INDUSTRY  RESTAURANT				
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BALTIMORE, MD.	OOFVITAND 2	W	TLL TAN		MIDDLE		CASEY		MARLENE			٨	ADDRES	DIE	DIETRICH				
BALTIM	RS AFTER GIVE PA VITH FOI PAGES DIVISION	(Y	NO, OR UNKNO	OWN) (IF YES, GIVI	E WAR OR DATES)	216	-96-8		JOSE		IETR	CICH	(UNC	社长99		NN F			
PRESTON ST	124 HOURS AFI ITEM 18. GIVE ALONG WITH F T PERMIT. PAGE CGIENE, DIVISIC DVAL.	7	18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY.  Aspiration of gastric content  (DUE TO, OR AS A CONSEQUENCE OF											BETW	BETWEEN ONSET AND DEATH				
3	WITHIN SINCIL IN AINER A AINER A AINER A AINER A VITAL HY	-	Canditians, if any, which gave rise to immediate cause (a) stating the under-  DUE TO, OR AS A CONSEQUENCE OF												7.04	-			
201	EXECUTED ING. IN PRICAL EXAMPLED A BURIAL - H AND METON, C		Lying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).																
DIVISION OF VITAL RECORDS.	PENDINGE MEDICE	ATION		OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPSY?			
OF VITA	SWORD "PE SWORD "PE HE CHIEF A LD BE USED A KENT OF HE/ O BURIAL, O	CERTIFICATION										YES XX NO							
VISION	WRITING THE ARDED TO THE ARGE 3 SHOULD ARE 1201 PRIOR TO THE ARE 1201 PRIOR TO THE ARE DEPARTM	MEDICAL	CONTRIBUTING CAUSE OF DEATH 7 P.M. 4/11/9 OI SUDJECT ASPITATED  21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION Congress Hotel																
à	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIEL	2	WHILE AT WORK	AT WORK	[30] F	notel		30 Autop		Frank		Inquiry		imore		У	Md .		
	EXAMINE CERTIFICA ULD BE FC DIRECTOI WITH THI		22e   Certify that I taak charge of the remains described abave, held an Autapsy X, Inspection I, Inquiry I, and in death resulted fram: Natural causes I, Accident X, Suicide I, Hamicide I, Undetermined manner I,											,	n my apinian				
	SHOUL SHOUL SEATH, NORE, M.		ACTUAL SIGNATURE	Vergen	in /s	blan		M		istan	† MED	ICAL EXA	MINER	DATE		-12-	81		
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMOI	23a B	URIAL CREMA	NAME Virg	23b. DATE	23c.	M.D.		ADDRESS_R CREMATO			Str		601	YTHU	¢7.			
2/4/3	BP		BURI.	AL UNEK FU	4/22/ INERAL	DRESS 333	HOLY F	ms 1	Lane		REC'D. BY		AR 25b. REC		SIGNA	MI	0.		
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X	1-	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	0 1 0 2 0
60		CEASED NAME FIRST OR PRINTI	MIDDLE W.	PASANI	20. DATE OF DEATH MO	1 9 81 4 05 A
(m)	3.56	CAT IN THE INTE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	
M/	70 BI	MALE RTHPLACE ISTATE OR FOREIGN	WHITE  76. CITIZEN OF WHAT COUNTRY?	04 18 12	9. BALTIMORE CITY OR C	YRS. COUNTY OF DEATH
\$33		Virginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimor	0.1
Della Confeed	10. C	Saltimore	(IF NOT IN SUCH FACILITY VIVE STREET	ADDRESS)  ADDRESS)  ADDRESS	Refinisher	
135	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE STYLIMITS?	13e STREET ADDRESS 27 Honeycon	ib Road 21220
030	14. F/	THER'S NAME FIRST	MIDDLE CUSO	15 MOTHER'S MAIDEN N	MIDDLE	Fridley
medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 226-05	RITY NO. 17. INFORMANT Frances Long	address 216 Sassa	fras Rd. 21221
r to buriol, cremation, or injury, ar ather traumotic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (SEPS)		ima of Lun	RMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0
Mental Hygiene prior or frem 18 shaws ony ii	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
frem 18 sho		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	JRRED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2)
ked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
T .S			ital) attended the deceased from 19	. 19	on death accurred on the date	nnd hour and from the causes stated
IMPORTANT: If Item 21		276. SIGNATURE	Walefield	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NIX 1918
APORTAN		22d. PHYSICIAN'S NAME (TYPE OF . W. U	JAKEFIELD	300 [	S. HANOU	ER St.
3 3	230	BURIAL, CREMATION, REMOVAI (SPECIEV)		NAME OF CEMETERY OR CREMATORS  1 Ly Hill Mem. Gard	ens Baltimore	County, Maryland
2/80	24. F	werdingector	ral Home A 1407	Old Eastern Ave.	APR 1 3 1981	h. REGISTARISTICAL THREE

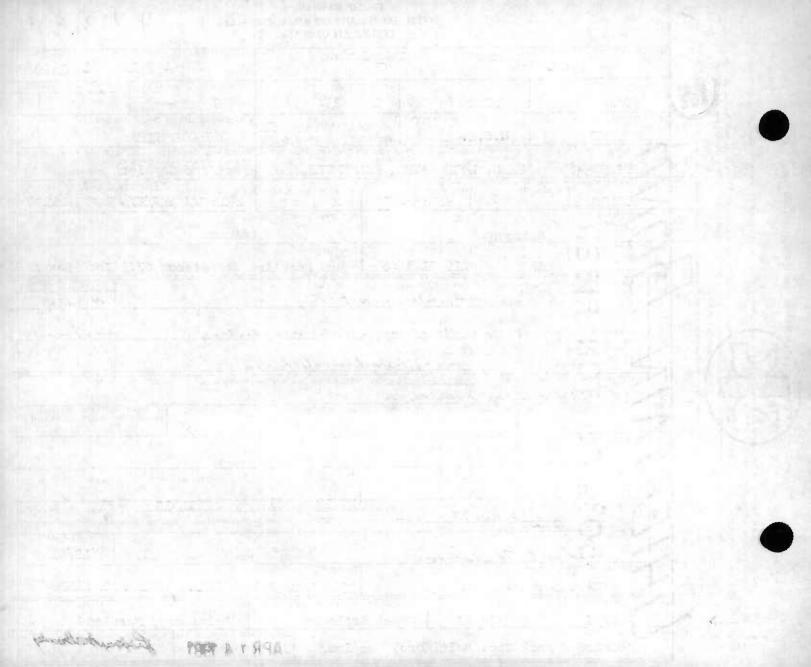
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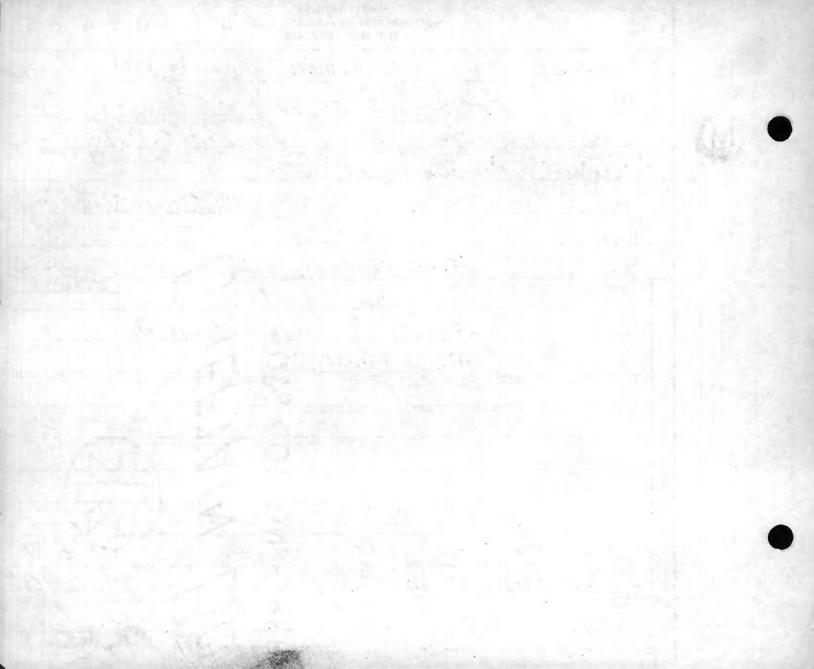
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at a settle said office committee Chapter to control of the control of allegia . etc. u.liligi and the second s screeks, the self-results are placed to be wath the TOTAL PROPERTY. 

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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 9 5 2 5  CERTIFICATE OF DEATH  REG. NO.	
ry be oge 3 death		CEASED NAME FIRST OR PRINT) SAMUEL	CHATMAN Pril 16, 1981 YEAR 26 HOUR 650A	9,
oge 4 ma ector, pc ,rs after (	3. SE	M	Black S DATE OF BIRTH  MONTH DAY  YEAR  6. AGE (INYEARS LAST BIRTHDAY)  FUNDER 1 YEAR IF UNDER 24 HRS  MONTH'S DAYS HOURS MIN.  YRS.	-
G the option of	C	DUNTRY)		AD.
by file	1	Baltimore)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE)	R
y filled in should be enthust by	13a. S	TATE MA 136 COUNTY	Batto. YES NO 1 Montibella Stale Hos	e.
oned with		THER'S NAME FIRST MIDI	llnKn	
OIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours attending physician and completely filled in b fer this certificate has been signed by the attending physician and completely filled in b as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill thand Mental Hygene prior to buriol, cremation, or removal.  The property of the property of the property of the medical against the medical against the property of the	100 V	VAS DECEASED EVER IN U.S. ARME es, no or unknown) (14 yes, give wa	AR OR DATES) 33/05-0636 Rosa Lec. Watson 1217 W. Fayette S	1
ertificate bangabang physicia ban papers removal.		PART I. DEATH WAS CAUSED B  IMMEDIATE C		<u>-</u>
RESTON e death c e attendin nove cark traumatic		Conditions, if ony, which gove rise to immediate	DUE TO, ORAS CONSEQUENCE OF CVA, Old	
s that the		couse (o), stating the underlying couse lost.	DUE TO, OR MACONSEQUENCE DE Crillation-	_
DRDS, 3 requires en signe or to buy r injury,	NOL		NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)	
TAL REC	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	
SICIAN ng physic certificat urial-transferental Hygin them 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
DIVISION DING PHY: Or otherdur After this e as the bus of the bus marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE	
ATTENE spital CTOR: Ifor us of Hee		220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did noted	24 - 15 - 19 st and that in (my) (our) paining death accurred on the date and hour and from the course stated	st
rat OR Ay the horal detoched of Dept.		226. SIGNATURE	attending Medical Staff Physician Doirector Physician 221, Date Signed 4-16-8/	7
O HOSPITAL ( etoined by the TO FUNERAL I should be deto with the State I MPORTANT: II		A. I. BAYKA	ALER, M-b 3459 St. Johns Lane, Elliotta	ty
D 5 5 4 3 ₹	23a. E	SPECIFY)	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN STATE	7
DHMH - 16 60M 7/73	24 FU	Burial	4/20/81 Mt. Calvary Cem. Anne Arundel Co. Md	
(VR A 15 (4))		Wm C March F/I	H 1101 E. North Ave. APR 20 1981	



7401

assahn Funeral Home

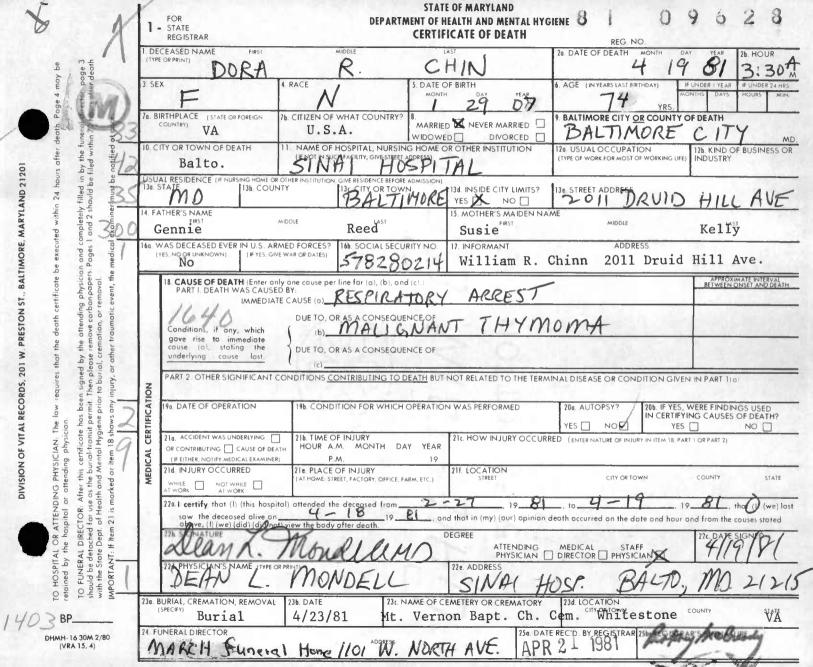
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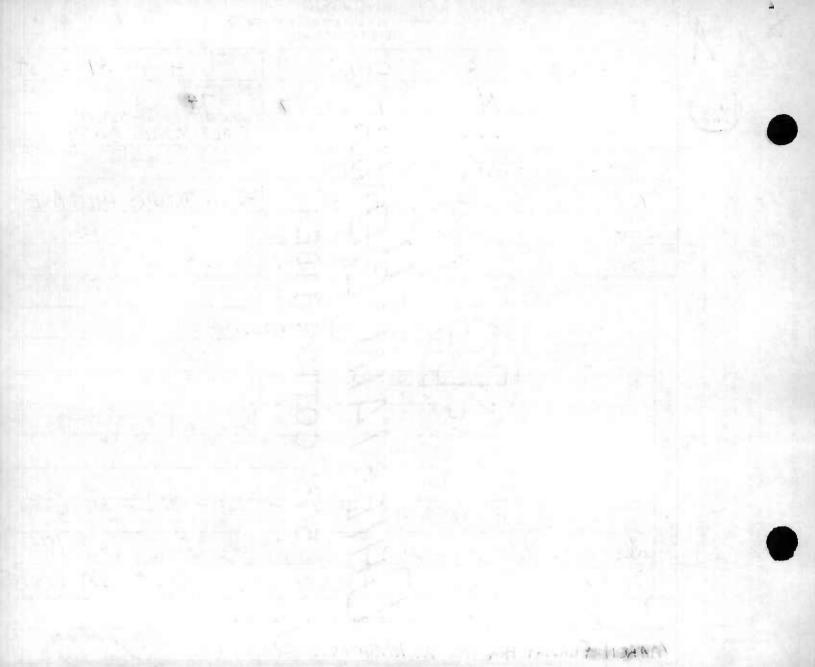
Belair Road



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APR UG 1981 Application





Dundalk, MD. 21222

7922 Wise Avenue

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	e e e e e e e e e e e e e e e e e e e	1	DECE	ASED NAME FI	ilia	٨	AIDDLE		occhi		Apr	il 20	). 19		10	A <sub>M</sub>
	oy de		SEX		4 R	ACE		5. DATE C	F BIRTH		6. AGE (IN	YEARS LAST BIRT		IF UNDER 1 YEAR	1F UNDER	
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×	- 0 -		lán W	AS DECEASED EVER IN		-		SECURITY NO.	17. INFORMA			ADDR	ESS			
BALTIMORE,	Pages l	1	(YE	S, NO OR UNKNOWN) (II	F YES, GIVE WA	R OR DATES)	27 3-0	7-9898	Mr.	Joseph	Cinc	chi.	61 N	astur	tiinm	Lan
A I				18 CAUSE OF DEATH					Litt e c	JOSEPH	0100		<u> </u>		KIMATE INTE	
301 W. PRESTON ST.,	requires that the death certificate be signed by the ottending physicia. Then places remove carbon papers to the buriol, cemanian, or removal.			Conditions, if ony, w gove rise to immed couse (a), storing	which diote the lost.	DUE TO, O	PRAS A CONSI	EQUENCE OF	Carr.	Lis - Val	MUNICIPAL DISEA	ASE OR COM	ADITION GIV	EN IN PART 1	(0)	
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OF VITAL	YSICIAN: The lading physicion. Is certificate hos burial-tronsit per Mental Hygiene		_	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH	1	OF INJURY .,M. MONTH .,M.	DAY YEAR		NJORT OCCUR	KED (ENIER	NATURE OF 1147	JK   114			
DIVISION OF	He tab	5	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	D	21e. PLACE (AT HOME, ST	OF INJURY	FFICE, FARM, ETC.)	21f. LOCAT STREET	ION		CITY OR TO	)WN	COUNTY	5	STATE
ĮQ.	ENDING P tol or after OR: After the or use as the Health and	<u></u>		22a.1 certify that (I) (the saw, the deceased	his hospital	mary	10		and that in (my	, 19 <i></i>	death occu	rred on the	date and hou	19 July ond from the	, that (I). le couses s	
	OR ATTE ne hospite DIRECTO ached for Dept. of	E e	1	obove, (I) (we) (did	did not)	view the bod	y offer deoth.		DEGREE	ATTENDING	MEDICA	AL STA	AFF	22c. DA1	E SIGNED	/
	HOSPITAL oined by th FUNERAL ould be dete			221. HYSICIAN'S NAM	AE (TYPE OR PI	RINT)	selo	-	22e ADDRE	PHYSICIAN (	DIRECTO	OR PHYS	R	2 1	70	
	TO HOSPITAL ( retoined by the TO FUNERAL I should be deta	MPOK MPOK	22: 0	JOSEPH	- B	23b. DATE	58/1	26 NAME OF	CEMETERY OF	CREMATORY	23d. 10	CATION	Pali	und 1	146	TATE
			230. E	URIAL, CREMATION, RESPECIFY	EMOVAL		21	/			73.	altim	ore.	Mary	March Co.	
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April 20, 1981 16 A	Modella	R.I.	
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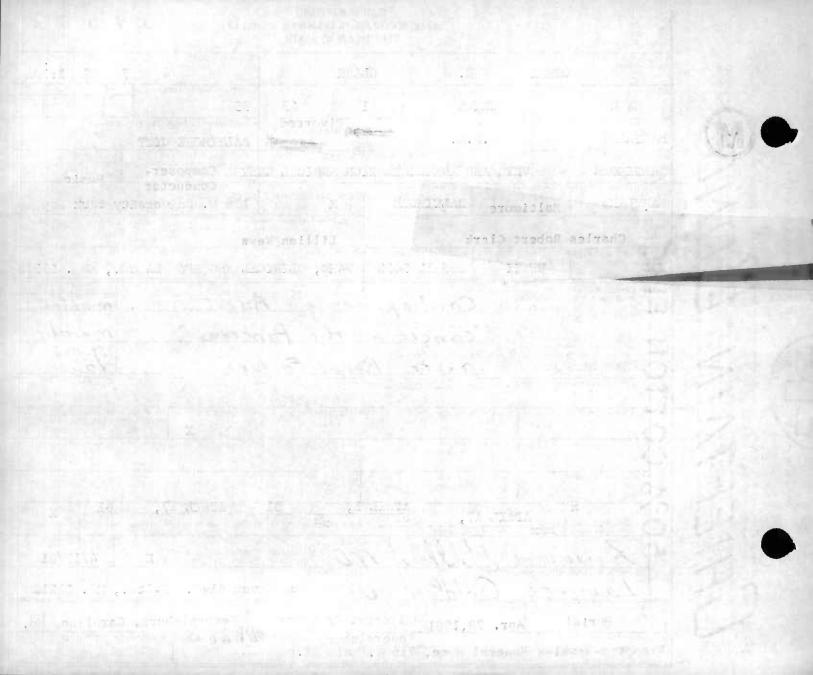
Warylond US a Street of Expositive Character of the Control of the

Maryland Baltimore x 502 Edgevals Road
Hedley A. Clark Road Mary Novillians

Yes yww II 212,20 7156 Hadley A. Clark, IV, Balto., Md.

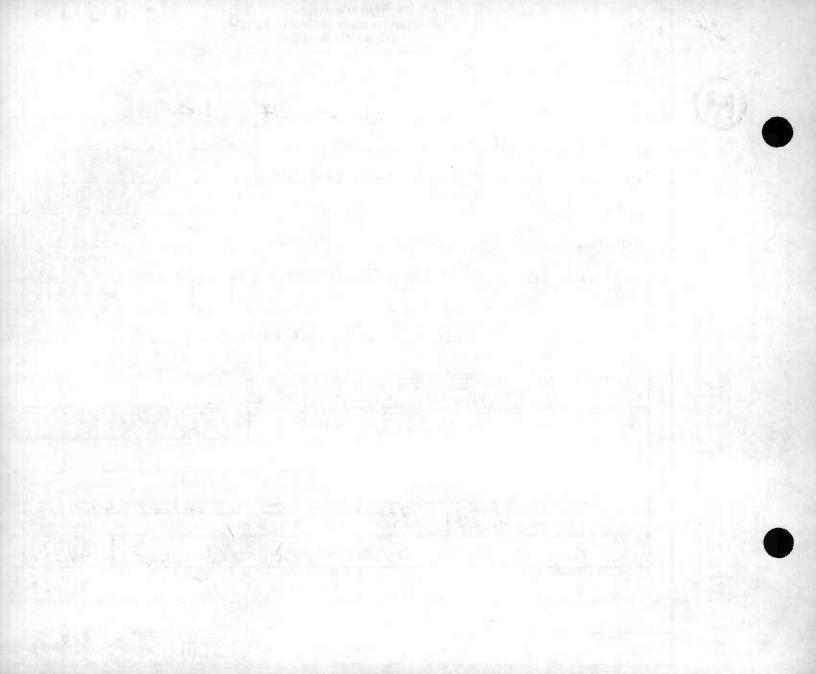
Words - Water - Water

	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLA  EALTH AND E  ICATE OF E	MENTAL HYG	IENE B	REG. N	<b>()</b>	9	6	3 2	
e €		CEASED NAME	FIRS1		MIDDLE		AST		20. DATE C	OF DEATH	HTMOM	OAY	YEAR	2b HOUR	
oy be oge 3 death			OBERT		К.		LARK				4	17	81	2:30A M	
mc Gr. P	3 SE	MALE		RACE WHI	TE	5. DATE O	18	<b>2</b> 5	55	YEARS LAST B	IRTHDAY]	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	
●(M) 3.5		RTHPLACE (STATE OR FO		U.S	WHAT COUNTRY?	WIDOW	NEVER A	rced		IMORE			ATH	MD.	
· 13		LT IMORE	TH 1	VETERAN	HOSPITAL, NURSIN HEACILITY GIVE STREET S ADMINI	STRAT	ON MED	ICAL CI	126. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]  CENTER Composer - Music						
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MARYL one 2 th	14 FA	THER'S NAME FIRST Charles	Robe	rt Clar	LAST <b>k</b>			s maiden na First lian Ke		WIOOFE			LAS	r	
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death ce death ce core corbs		Canditions, if ony,	which		RAS A CONSEQUI	ENCE OF	fthe		ocre			/	nor	oths	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The law requires that the death of otherding physician. Ther this certificate has been signed by the attention os the buriol-transit permit. Then please removement than Amental Hygiene prior to buriol, cremations orked or them 18 shows any injury, or other treatment.	E	couse (o), stating underlying cause	g the		RAS A CONSEQUI		enal	Fail	vre			d	seve	ral	
requires requires Then plus to burining injury, or	NOI	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR COM	NOITION	GIVEN IN	PARTY	1	
AL RECC	CERTIFICATION	190. DATE OF OPERAT	ЮИ	19b. COND	ONDITION FOR WHICH OPERA		N WAS PERFO	IN CERTIFY			YES, WERI	, WERE FINDINGS USED YING CAUSES OF DEATH?			
SICIAN: T ng physici certificate oriol-transi ental Hygi		21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDIC.	AUSE OF DEAT		OF INJURY .M. MONTH D M.	AY YEAR	21c HOW IN	JURY OCCURI	RED (ENTER	NATURE OF INJ	IURY IN ITEM	18 PART 1 OF	RPART 2)		
DIVISION DIVISION OF OPPTION OF O	MEDICAL	21d INJURY OCCURRI			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC ]	21f. LOCATIO STREET			CITY OR T	OWN	cc	YTAUC	STATE	
Direction or TCENDIN Ortology Corruse of Health		22s 1 certify that (1) sow the decease abave, (4) (we) (di	(this haspite	APRIL 1	deceased fram	APRIL 31	ろ。 nd that in 政務	(our) opinion	, 10	PRIL red on the			,	that <b>X</b> (we) lost causes stated	
the hosp to DIREC efoched te Dept.		22b. SIGNATURE	uln	el L	1 Islan	11	DEGREE	ATTENDING PHYSICIAN	MEDICA	L STA	AFF			SIGNED	
O HOSPITAL etonned by th TO FUNERAL should be dere with the Stote		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT	aldking	1 mc	22e ADDRES								
sho with		BURIAL, CREMATION, F		23b. DATE Apr. 2			EMETERY OR	CREMATORY	23d. LO	CATION				ne. Md.	
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į	No.	3. SEX ma	1e	1. RACE black	5. DATE OF BIRTH	YEAR 28	6. AGE (IN YEA LAST BIRTHDA 52YR	Y) MONTH	DER 1 YR.	IF UNDER	MIN.	2c. DATE PRONOUNCED DEAD	монтн 4 ]	18 <sub>19</sub> 81	2d HOUR 7:1,0	
•	NEGES S-FORE N. PR	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia			U.S.A.			WIDOW	ED 🗆	VER MARRI DIVORC	ED	9. BALTIMORE CI Baltimo	re City	у	PM MD.	
	PEATH. IF ANY DELAY IS NE BES 1, 2, AND 3 TO THE FUJ AN 3. RETAIN PAGE 5 I AND 2 SHOULD BE FILED. F. VIJAL RECORDS, 201 W.	Ba1	y or town		11. NAME OF HOS	4 PC	rtland	Str	eet	TION		JAL OCCUPATION MOST OF WORKING LIFE)		OR INDUS	OR INDUSTRY	
.21201	AND 3 CAND SHOULD SHOULD I RECORD	130. ST Ma	rylan	d 13p conv	OR OTHER INSTITUTION, G NTY	13c. CITY	or town timor		13d. INSIDE C			Portla	and St	treet		
ORE, MD	W	THER'S NAMI FIRST AS DECEASE	E D EVER IN U.S. AR	WIDDLE		ook	(NO	IS MOTHE LO	ttie							
BALTIMORE, M SS AFTER DEATH. GIVE PAGES 1, VITH FORM PM.	SS AFTER GIVE PA VITH FOR PAGES DIVISION		NO OR UNKHO	OWN) (IF YES, GIVE	ewar or DATES)	226-	-50-58				ones	s 210 Se			ATE INTERVAL	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE ADDICAL EXAMINER THROUGH PENDING TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH A PAGE AND A PAG		Condition gave r	ons, if any, which ise to immediate storing the under-	TE CAUSE (o)	AS A CON	TOSC1E  NSEQUENCE (	)F	card	diovas	scula	r diseas	2			
CORDS	BE EXEC INDING" AEDICAL AS A BU ALTH AN CREMATI	NOI	FART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  Alcoholism  190. Date of operation 195. Condition for which operation was performed? 20. Autopsy?													
VITALR	SHOULD ORD "PR CHIEF A SE USED, SURIAL,	TIFIC		FOPERATION			WHICH OPER							20. AUTOPS		
DIVISION OF	S CERTIFICATE RITING THE WEBED TO THE SE 3 SHOULD BE DEPARTMEN TO PRIOR TO BE		UNDERLYING	OCCURRED	DEATH P.A	M. MONTH		21f. LO	CATION TREET	COCCURRE	D (ENTER )	NATURE OF INJURY IN ITI		OUNTY	STATE	
•	AL EXAMINER: THE CERTIFICATE, WHOULD BE FORWAL DIRECTOR: PACHE, WITH THE STATE, MARYLAND, 21;		AT WORK	ify that I took chargeted from:	ge of the remains de	scribed abo		Autopicide	, Hami	Inspectio cide , SPECIFY) istant	Undete	Inquiry , ermined manner (	and in my c	4/19	9/81	
	AGE 4 SI FER DEA		EXAMINER'S (TYPE OR PR	INT) HOTE	nez R. C							Street,B	alto.,	MD 2120	1	
0101	BP	(\$)	Buria Neral Dire		23b. DATE 4-24-8]	L 23c.	ooks	Cen	eter	У.	En	OCATION OR TOWN APORIA REGISTRAR		Virgi	inia	
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		TATE EGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFIC	ATEO	F DEA	тн	REG. NO.			
		EASED NAME	FIRST		MIDDLE			LAST		1	e. DATE KNO		MONTH	DAY YEAR	2b. HOUR
	(TIPE	OK PRINT)	Cathe	rine	R.			Corbin	n		OF ES	ATED [	4	16 1981	
3.	SEX		I. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA			IF UNDER		c. DATE		MONTH	DAY YEA	R 24 HOUR
	f	emale	white	5 22	1926	54 YR		TS DAYS	HOURS	MIN. F	PRONOUNCE! DEAD	D	4	16,981	Noonm
70	. BIR	THPLACE (STA		76. CITIZEN OF WH	AT COUN	TRY?	8. MARRI	ED X NEV	FP MAPPI	D []	9. BALTIMORI	E CITY OR	COUNT	Y OF DEATH	
		w Jers	ev	U.S.	Α.		WIDOW	and the same of th	DIVORCE	entra .	Balt	imore	Cit	ty	MD.
10	. CIT	Y OR TOWN C	F DEATH	11. NAME OF HOS			OR OTH	ER INSTITUT	ION	12a. USU.	AL OCCUPATI	ON (TYPE O	F WORK	12h KIND OF OR INDU	BUSINESS
	В	altimo	ce	Baltimo			pita	1			ousewif		201	OK II VOO.	JIKI .
		RESIDENCE (		OR OTHER INSTITUTION, GIV	E RESIDENCE			13d. INSIDE CIT	Y LIMITS	13a STRE	ET ADDRESS		101		
		ryland		timore		gemere		YES 🗌	NO 🔀		21 Bran	nan A	Aveni	ue	
		THER'S NAME		MIDDLE		LASY		15 MOTHER		NAME	MIDDLE			LAST	
1		Not Kn	own	Millore		reiber		PIK			Not Kr			CASI	
16	d. W		EVER IN U.S. AR	MED FORCES?		IAL SECURITY	NO.	17. INFORM	ANT		A	DDRESS 2	2621	Branna	an Ave.
	No		(# TEU, OIVE	THE OR VENEZI	185	-14-68	78	John	H. C	orbi	n	E	Balto	o. MD	21219
	Ī	18. CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a), (b)	, and (c).)								APPROXIM.	ATE INTERVAL SET AND DEATH
		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a) A1	teri	osclero	otic	cardi	ovasc	ular	diseas	se		BETWEETON	SCI AIR BEATT
		42	12	DUE TO, OR	AS A CON	ISEQUENCE C	F								
-			s, if any, which	(b)											
	-1		stoting the under-		AS A CON	ISEQUENCE C	F								17:51
		lying coos	0 1031.	(c)											
2		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	IUT NOT RELA	TEO TO THE TERMI	AL DISEAS	OR CONDITION	GIVEN IN PAR	T I (a).					
3	9	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUTOPS	V2			
-	2														
20.00	MEDICAL CERTIFICATION	21a EXTERNA	CAUSE WAS	21b. TIME OF	INJURY		21c. H	OW INJURY (	OCCURRE	) (ENTER N	ATURE OF INJURY	IN ITEM 18 PAR	RT I OR PAR	YES [	NO 🛣
	4	UNDERLYING	OR	HOUR A.M.											
-	2	21d INJURY O	G CAUSE OF I	21e PLACE C			21f. LO	CATION					_		
	¥	WHIIF	NOT WHILE	STREET, FACT				TREET			CITY OR TOWN		COL	YTAL	STATE
	-	AT WORK	AT WORK									1			
		22a. I certify	that I took charg	ge of the remains desc	ribed abo		Autap		Inspection	LXIX	Inquiry	, ond	in my op	inion	
		deoth resulte	d from: Notus	ral causes XX	Accident	Suit	ide 🔲	, Hamici	de 🔲 .	Undete	rmined manne	er .			
		ACTUAL	1	MIKNON	M	N		TITLE (SP	ecify) istan	+			DATE	4/18	/81
		SIGNATURE_	0	11			M	.D	ale Can	MEDI	CAL EXAMINE	R	SIGNE	D	
		EXAMINER'S I	NAME	Horme	z R.	Guard,	A.D.	ADDRESS	111P	enn	Street	,Balt	o.,M	D 2120	01
23	o.BU	RIAL, CREMAT	ION, REMOVAL			NAME OF CEN			RY	23d. LO	CATION		COUN	ITY	STATE
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24				Ruck, Inc.				2			REGISTRAR 2	Sb. RF.C ST	RAR'S S	A HERO	4-
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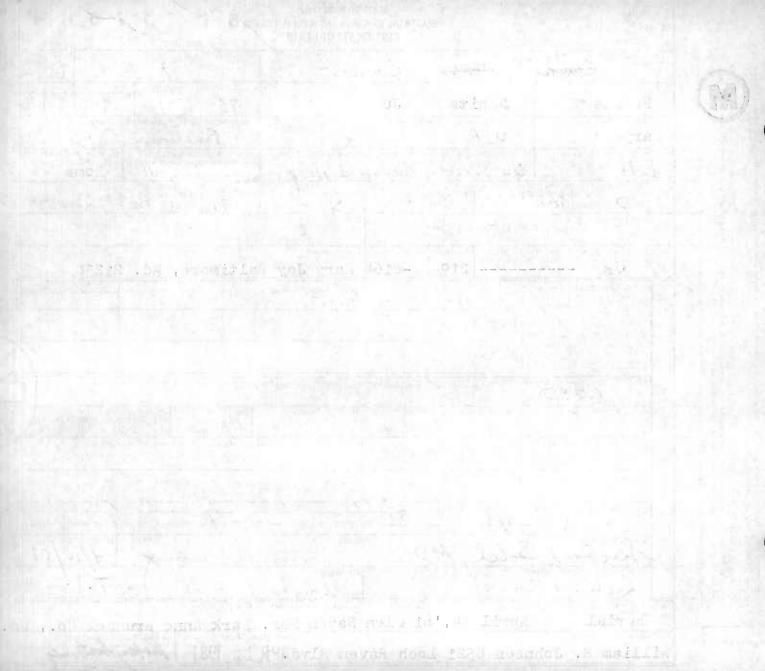
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	I. D	ECÉASED NAME FIRST	MIDDLE	Corsarb	REG. NO.  120. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1		Joseph		Corsano	April 30, 19	
	3. SI		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
2	П	Male	Caucasian	1 26 23	58 YRS	MONTHS DAYS HOURS M
10 A	7a. 6	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	A BALTIMORE CITY OF COLIN	NTY OF DEATH
8/_/	/	COUNTRILLALY	U.S.A.	WIDOWED DIVORCED	Baltimore Cit	
11	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
0/8		Baltimore	Maryland Gene:	ral Hospital	Tailor	Howard H
3	13a	STATE 130 QUU	NTY / 13t. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
<b>D</b> C	14 6	Md . /3	Alto Balto	YES NO THER'S MAIDEN N	4305 Falls F	Park 21128
30	-	Dominic	MIDDLE	FIRST	WIDDLE	LAST
-	16a	WAS DECEASED EVER IN U.S. AI	Corse		ADDRESS	Privitera
medicol		(18 YES, GI	220-38-	0500 Mrs Monio	Corsaro - sa	
the		7	inly ane cause per line for (a), (b), a		COISAIO - SA	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA
ther traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO		orrhage	
ury, or other traumatic e	2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	VENCE OF WORLD hen		GIVEN IN PART 1(0)
	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	UENCE OF HEAD	MINAL DISEASE OR CONDITION (	GIVEN IN PART 1(d)  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?  YES NO NO
18 shows ony injury, or	L CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEON  (b)  DUE TO, OR AS A CONSEON  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  216. TIME OF INJURY	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION (  200 AUTOPSY? 20b. IF- IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO
9		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSECTION OF TO THE PROPERTY OF THE PROPERTY	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19	MINAL DISEASE OR CONDITION (    20a AUTOPSY?   20b. IF- IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIPTER UNDIFFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSECU- (b) DUE TO, OR AS A CONSECU- (c) CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  216 TIME OF INJURY HOUR A.M. MONTH	UENCE OF  UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUI	MINAL DISEASE OR CONDITION (    20a AUTOPSY?   20b. IF- IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
or Item 18 shows any injury, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER NOTIFY MEDICAL EXAMINE AT WORK NORK AT WORK	DUE TO, OR AS A CONSECUTED TO THE PROPERTY OF	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TER.  H OPERATION WAS PERFORMED  DAY YEAR  19  21t. HOW INJURY OCCUI  STREET	200 AUTOPSY? 20b. IF IN CER YES NO REPRETED (ENTER NATURE OF INJURY IN ITEM )	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH: YES NO 18 PART 1 OR PART 2)
or Item 18 shows any injury, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK  22a.1 certify that X (this hasp saw the decepsed alive or	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  21t. HOW INJURY OCCUI  FARM, ETC.)  21f. LOCATION  STREET	200 AUTOPSY? 20b. IF IN CER YES NO SERVED (ENTER NATURE OF INJURY IN ITEM)	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH' YES NO 18 PART 1 OR PART 2)  COUNTY STATE
or Item 18 shows ony injury, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK  22a.1 certify that X (this hasp saw the decepsed alive or	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	UENCE OF  UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TER,  H OPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUI  STREET  19  19  19	200 AUTOPSY? 20b. IF IN CER YES NO REPRETED (ENTER NATURE OF INJURY IN ITEM )	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH: YES NO 18 PART 1 OR PART 2)  COUNTY STAIL
If Hem 21 is marked or Hem 18 shows any injury, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that X (this hasp saw the deceosed alive at above X (we) (did) (dy)	DUE TO, OR AS A CONSECTION OF TO THE PROPERTY OF THE PROPERTY	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUI 19 216. LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY? 20b. IF IN CER  YES NO CITY OR TOWN  CITY OR TOWN  10 4 30  10 death accurred an the date and h	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART ?)  COUNTY STAT  19 , that 1 (we) have and from the couses state  22c. DATE SIGNED
If Nem 21 is marked or Item 18 shows any injury, ar		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that X (this hasp saw the deceosed alive at above X (we) (did) (dy)	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	UENCE OF  UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUI  19  216. LOCATION  STREET  And that in (TV) (aur) apinion  DEGREE	MINAL DISEASE OR CONDITION (  20a AUTOPSY?  20b. IF IN CER  YES NO CHARLES OF INJURY IN ITEM  CITY OR TOWN  1 to CITY OR TOWN  1 death accurred on the date and h	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART ?)  COUNTY STAT
If Hem 21 is marked or Hem 18 shows any injury, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that X (this hasp saw the deceased alive as above. Ye (we) (did) (did)  22b. SIGNATURE	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUI STREET  DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	AMINAL DISEASE OR CONDITION (  200 AUTOPSY?  200 IF IN CER  YES NO TOWN  CITY OR TOWN  A death accurred on the date and h  MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2)  COUNTY STATE  19 that ** (we) have and from the couses stated  22c. DATE SIGNED  4/30/81
Hem 21 is marked or Item 18 shows any injury, or	MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that X (this hasp saw the deceased alive as above. Ye (we) (did) (did)  22b. SIGNATURE	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTION OF THE CONDITIONS CONTRIBUTION OF THE CONDITIONS CONTRIBUTION OF THE CONT	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCCUI STREET  DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	MINAL DISEASE OR CONDITION CO. 200 AUTOPSY? 20b. IF IN CER YES NO CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN CO. 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY 200	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2)  COUNTY STATI  19 that ** (we) have and from the couses stated to the couses stated to the couse stated to t

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	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 9 6	4 4
4 61		CEASED NAME E OR PRINT) ELLEN	M.		nev	2a. DATE OF DEATH	MONTH DAY YEAR 4 10 81	6 Am
(M)	3. SE	Female	White	5. DATE O		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAY	
funeral thin 72 to	100	RTHPLACE ISTATE OR FOREIGN 76  FOUNTRY LAND	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	Baltimore City of	RCOUNTY OF DEATH	y MD.
offer day	ل	Box /t		lary!	and Hosp	120. USUAL OCCUPATK TYPE OF WORK FOR A OST OF Housewife	ON 12b. KIND FWOT SUFE INDUSTR H C	of BUSINESS OR
filled in ould be	130.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Daily	E ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	V Baltir	were St
			DDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAST
BALTIMORE, MAR cote be executed w ysician and comple opers. Pages I and wol. nt, the medical examination		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1F YES, GIVE W			Mary Joy B	altimore,	Md. 2123	
RDS, 201 W. PRESTON ST., equires that the death certification is signed by the attending ph. Then please remove carbonp rto burial, cremation, or remainlury, or other troumatic even	NOI	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	tary. ENCE OF MO hi		NAL DISEASE OR COND		OXIMATE INTERVAL EN ONSET AND DEATH
TAL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO
SION OF VITA PHYSICIAN: TI ending physicia this certificate the buriol-transi and Aental Hygi d or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	V IN ITEM 18 PART 1 OR PART 2	)
DINISION DING PHY or oftendi After this se os the bu clith and M morked ar	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d Land St. Abox (1) (Abox basis and a control of the control of	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
A ATTEN haspital RECTOR red for up. of He em 21 is		220. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) v 22b. SIGNATURE	4/9 19		d that in (my) (our) opinion o	leath occurred on the do		-, that (I) (we) last he causes stated TESIGNED
RAL State		220. PHYSICIAN'S NAME (TYPE OR PI	Potel, MD		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF	IANDS 4	10/51
TO HOSP retained 1 TO FUNE should be with the S IMPORTA	23a. E	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
80 BP	24. FI	JNERAL DIRECTOR	April 14, '81			Park Anne	e Arundel	Co. Md
(VRA 15, 4)	Wi	lliam E. John	son 8521 Loc	h Ray	ven BlvdAPR	1 5 1981	perfory see	brody



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6	2		1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0 9 6	4 6
				CEASED NAME	FIRST		MIODLE		ASI	REG. NO.  20. DATE OF DEATH MON	ITH DAY YEAR	2b. HOUR
	eo h		(TYP)	OR PRINT)	VILLI	S	J.	COVE	RDALE	APRIL 25	1981	12:16/AM
	6		3. SE	x	L'INGO	4. RACE	1300	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		AR IF UNDER 24 HRS
FIRE .	a GE	1		Male		Blac	k	MAY	23, 1910 YEAR	70	YRS.	YS HOURS MIN.
4	#- #- 72 ho	117		RTHPLACE (STATE OF E	FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
	0 00 0	76	_	elaware		USA		WIDOWE	D DIVORCED	BALTIMORE		MD.
	offer de with	20		ITY OR TOWN OF DEA	АТН		HOSPITAL, NUF CH FACILITY, GIVE ST		PROTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO	RKING LIFE) IND 0.60	OF BUSINESS OR
201	orse fileg			ltimore	-		OHNS HO		HOSPITAL	Maintenance-	Cecil Co	. Board of
MARYLAND 2120	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5	13a	AL RESIDENCE (IF NURS	NA COUN	TY	13c. CITY OR T	OWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
IAN	2 u 2			ary land	Ced	il	Elkton	n	YES NO X	108 Hill To	p Road	
ARY	EU @	71	14. 77	FIRST	,	AIOO! E	LAST		FIRST	WIDDLE	Pausta	LAST
	EU BAN	5/0	160 \	Willis WAS DECEASED EVER	INIIS APA	AED EOPCES?	Coverda		Ida 17. INFORMANT	ADDRESS	Founta	in
BALTIMORE	# P 20 1	2		YES, NO OR UNKNOWN)		WAR OR OATES)	222-09			M. Coverdale,	Fikton M	d
ACTIV	icio lers.			NO NO CAUSE OF DEAT	H (Enter enl				MIS. Ella	in. Coverdate,		OXIMATE INTERVAL EN ONSET AND DEATH
	, A 4 9 5 2	, and	1	18 CAUSE OF DEAT PART I. DEATH W			e	10/140	Angel		BETWE	EN ONSET AND DEATH
IS S	ding or rei			5728	IMMEDIAI	E CAUSE (a)	D AC A CONCE	OUT OF OTO				
510	deoth trendi	8		Conditions, if ony,	which	(b)	OR AS A CONSE	in De	ic Acido ;	N.		
PR	the o			gove rise to imr	nediote	DUETO	RAS A CONSE	OLIENCE OF				
3/	l by Bose of, cr	)	100	underlying couse	lost.	(c)_		and	adninta	lue		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	signed Then plants to buring		7	PART 2 OTHER SIGN	VIEICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART	1(0)
ORD			101	mu	otiv	e Ner	mfd	ulu	e			
REC	S bee ermit.	1	CERTIFICATION	19a DATE OF OPERA	IION	196. CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20t	E. IF YES, WERE FIN CERTIFYING CAUS	DINGS USED SES OF DEATH?
TAL	AN: The shysicion ficote ly tronsit p I Hygien 18 show	7	ERTI	21a, ACCIDENT WAS UNE	SERIVING [	216. TIME (	OF INTITION		121, HOW BUILDS OCCU	JRRED (ENTER NATURE OF INJURY IN I	YES 🗌	NO 🗌
P. S	SICIAN: TI ng physici certificate mol-transit ental Hygie	9		OR CONTRIBUTING	AUSE OF DEA	HOUR A	.M. MONTH		The now majorn occo	LEWISE NATURE OF INJURY IN	IEM 16. PART I OR PART	۵)
NC	SK Purice Ce	1	MEDICAL	1 IF EITHER NOTIFY MEDIC 21d. INJURY OCCUR			OF INJURY	19	21f. LOCATION			
VISIO	ING PHY r offendi After this os the bi Ith ond A		ME	WHILE NOT WH	IILE 🔲	(AT HOME, ST	REET, FACTORY, OFFI	ICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
ā	00 00 6			220.1 certify that (I)		ol) ottended ti	he deceosed fro	m AIN	19 8	10 7/11 31	1981	_, that (I) (we) lost
_	TTEN pital TOR: for us of He			sow the decease obove, (I) (we) (c	ed olive on.	AMOU	05	0 / 10 3 1	d that in (my) (our) opinio	n death occurred on the date o	nd hour and from t	
4	OR A e hos DIREC sched Dept.			224 SIGNATURE	M	view the boo	Oner deom.	1	DEGREE		220.0	TE SIGNED
				Jume	-24	rano	te M	7	ATTENDING PHYSICIAN	MEDICAL STAFF	0 71	21/3/
	HOSPITAL ned by the FUNERAL uld be det of the Stote	1		PHANICIAN'S NA	AME LYPE OF	PRINT)			22e. ADDRESS	11 11	.10	
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	7 5 F 2 3 ₹			BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	BP	. 19		Burial		4/28/	81	Griffit		emetery, Pleas	ant Hill.	Md.
	DHMH-16 30M 2/B0 (VRA 15, 4)		24 FI	MERAL DIRECTOR	8.	This	SA ADDRES		25e. D/	ATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGN	
	(400 19, 7)	- 4	H	ICAS HOME	for F	UNERALS	ELKTO	N. MD.		LU20 1201	1	

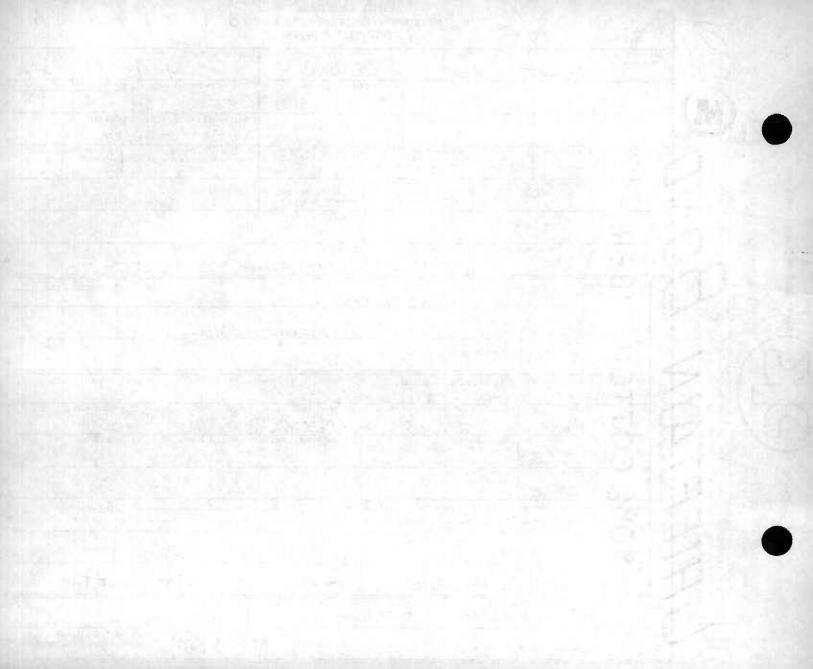
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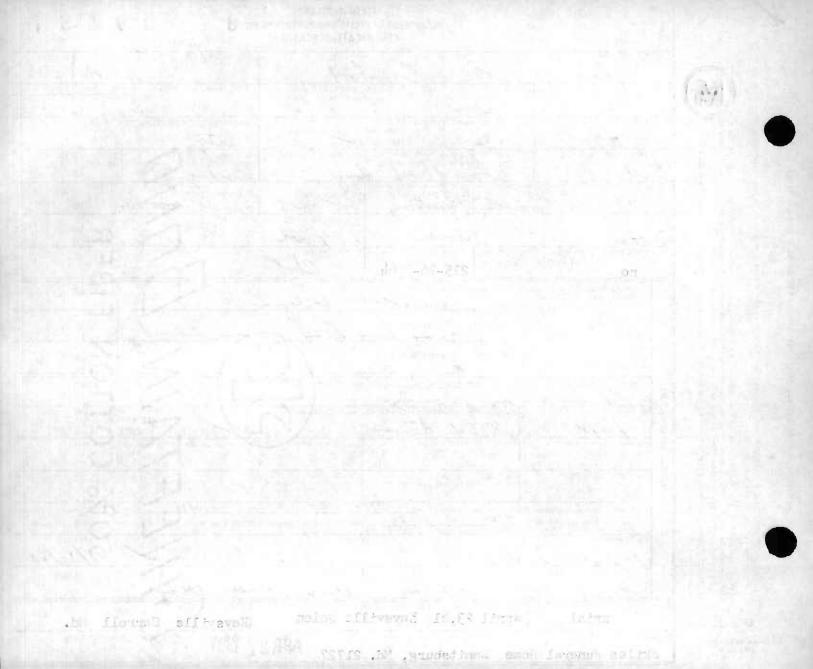
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5 6		FOR STATE REGISTRAR		EPARTMENT OF H	EALTH AND MI	ENTAL HYG		<b>0</b>	9	6	5 0
deoth deoth		CEASED NAME FIRST CLIF	TON BLAINE		COX		20 DATE OF DEAT	H MONTH 4	25	YEAR 81	25 HOUR 4: 20p.
IM	3. SE	MALE	4 RACE WHITE	5. DATE (	F BIRTH	1934 <del>-32</del>	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	ER I YEAR DAYS	IF UNDER 24 HRS
	V.	RTHPLACE (STATE OR FOREIGN COUNTRY) LRGLNIA	7b. CITIZEN OF WHAT COU	WIDOWE		DRCED X	Baltimore, Eity				M
23		Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	OCH RAVEN			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LABORER 126. KIND OF BUSINESS C INDUSTRY MAIN TENANCE				
35	13a. M	al residence (if nursing home state ish, ou	INTY 13c. CITY C	CE BEFORE ADMISSION)  OR TOWN  IMORE	4.40	10 0	13e. STREET ADDRE Box 485		LL,	MD	21054
220	9	ATHER'S NAME Clayburn	Burn		Pa	auline	MIDD		Va	ughn	
2			GIVE WAR OR DATES)	30-8629	VAMC Me		Records	3900 L			n Blvd
r ta burial, crematian, arr injury, ar ather traumatic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COL  (b)  DUE TO, OR AS A COL  (c)  CONDITIONS CONTRIBUTION	NSEQUENCE OF	NOT RELATED TO	O THE TERM	INAL DISEASE OR C	CONDITION C	PINEM IM	PART 10	,
ransit permit. Hygiene priar 18 shaws any i	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO			YES NO	IN CER	TIFYING YES [	CAUSES	NGS USED OF DEATH? NO [
Mentol Hygi		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJU	JRY OCCURR	RED (Epiter NATURE OF	INJURY IN ITEM 1:	8 PART 1 OF	₹PART 2)	
olth and Marked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC )	21f. LOCATION STREET	0.1	741	ORTOWN	co	YINUC	STATE
Sept. at He Hem 21 is		22brSIGNATURE	APRIL 25 An) view the body after death	0.4	DEGREE	TENDING		he date and h	aur and f	from the	
with the State I	220	1274 PHYSICIAN'S NAME (TYPE	TRILIPA		3900		RAVEN BL		18		
		BURIAL, CREMATION, REMOVA (SPECETY)  BURIAL	4/29/81		ville VA		city or tow	ownsvi	lle,	Md.	STATE
1 2/80 ()		uneral director ardesty Funeral	. Home 12 Ridg	cely Av. Ar	nn. Md.	25a. A	R 2 9 198	RAR 25b. REG	ISTRAR'S	SIGNAT	URE

Owner, to an interest the last men 1997 2 2 1991 C. C. S. H.



4 1- FOR 1- STATE	DEPARTMENT OF HI	ALTH AND MENTAL HYGIENER'S CERTIFICATE OF DEA		5 2
REGISTRAR  1. DECEASED NAME FIRS (TYPE OR PRINT)	MIDDLE	LAST	OF ESTI-	PAY YEAR 26 HOUR
3. SEX 4. RACE	CHAEL ANTHONY  5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY)	CRAWLEY  IF UNDER 1 YR. IF UNDER 24 HRS. 2  MONTHS DAYS HOURS MIN. P	DEATH MATED 4-21  OC. DATE  PRONOUNCED  10 007	7 81 M
male black  Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	5 13 65 15 YRS.  7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED □ NEVER MARRIEDX 9	9. BALTIMORE CITY OR COUNTY OF	DF DEATH
Md 10. CITY OR TOWN OF DEATH Baltimore	U.S.A.  11. NAME OF HOSPITAL, NURSING HOME, OF HOSPITAL, NURSING HOME, OF HOSPITAL H	POTHER INSTITUTION 1120 LIST	Baltimore City  ALOCCUPATION (TYPE OF WORK 12b. OST OF WORKING LIFE)	MD. KIND OF BUSINESS OR INDUSTRY
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? 13e. STRE	et address 4 Pentwood Rd.	
14. FATHER'S NAME FIRST George	MIDDLE LAST Crawley	15. MOTHER'S MAIDEN NAME FIRST Elizabeth	MIDDLE Hend	lricks
No	ARMED FORCES?  SINE WAR OR DATES)  166. SOCIAL SECURITY N  213-88-95  Tonly one cause per line for (a), (b), and (c),		ADDRESS Crawley 1544	Pentwood
	ate (b)	. DISEASE OR CONDITION GIVEN IN PART 1 a .		
190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED?	2	YES XX NO
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH 9:05AM 4-24 , SI	21. HOW INJURY OCCURRED (ENTER NA subject shot	ATURE OF INJURY IN STEM 18 PART 1 OR PART 2)	
UNDERLYING CONTRIBUTING CAUSE CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	1556 Pentwood Ro	pad Baltimore,	Maryland
	arge of the remains described abave, held on prural causes, Accident, Suicid	TITLE (SPECIFY)	Inquiry , ond in my apinio rmined monner ,  CAL EXAMINER SKONED_	4-28-81
	Margarita A. Korell, M.I	/IDDNESS		
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		ERY OR CREMATORY 23d. LOC	CATION COUNTY	STATE
24. FUNERAL DIRECTOR	5/4/81 Westview		lto. Registrar 1256. Registrar's sign	MD

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STATE OF MARYLAND

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2 %	1.	FOR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MEN	d = 3	0	9 6 5	5 4
,	Ľ	- STATE REGISTRAR		CERTIFICATE OF DEA	TH	EG. NO.		
90		CEASED NAME FIRST I	inwood *Pewi	s Cridli	n, Jr 20. DATE OF DEA	ATH MONTH D.	7 81 /	HOUR
A STATE OF THE STA	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE INYEARS		FUNDER 1 YEAR IF	UNDER 24 HRS
4		Male	White	10 06 1	889 91	YRS.	ONTHS DAYS HE	DURS MIN.
Poor Hou	₹a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU		PIED 9. BALTIMORE C	ITY OR COUNTY	OF DEATH	-
Sin 7		Maryland	USA	WIDOWED DIVOR	RCED Baltimor	_		MD.
by the fune filed within		ITY OR TOWN OF DEATH	III. NAME OF HOSPITAL, I IF NOT IN SUCH FACILITY, GIV NION MEMORI	NURSING HOME OR OTHER INSTITU ESTREET ADDRESS) al Hospital		MOST OF WORKING LIFE	12b. KIND OF BUINDUSTRY	
should be	13a. M		INTY I3c. CITY O	R TOWN 13d. INSIDE CITY I	7430 K	RESS Cenlea A	venue	
030	110. 11	FIRST		dlin, Sr. Mar	y Reg	ina	Gies	rehn
medical Z		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	L SECURITY NO. 17. INFORMANT		ADDRESS	212	
0		No	212-	07-7928 Thelma	M. Schupp	2369 Н	amilto:	me Cr
ewaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: A -	A 4	1		BETWEEN ONSE	
Ceve		IMMEDIA	ATE CAUSE (a) Accute	Myocardial Ir	Daraton		20110	DUCT S
), crematian, ar r ather traumatic	ų	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A COM	ISEQUENCE OF			2 3	
to burial njury, or	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(0)	
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PERFORME	ED 200 AUTOPSY YES NO	IN CERTIFY	WERE FINDINGS ING CAUSES OF	
Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONT	H DAY YEAR	Y OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
morked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY,	211. LOCATION	CIT	Y OR TOWN	COUNTY	STATE
at Health 21 is mar	- 3	220 I certify that (I) (this has saw the deceased alive a	n41	- 01	r) opinion death occurred an	the date and hour		t (I) (we) last
Dept.		22b. SIGNATURE Victor	ia M. Woolsto	ATTE	NDING MEDICAL SICIAN DIRECTOR P	STAFF HYSICIAN W	22c. DATE SIG	NED /87
should be defined by the State		22d PHYSICIAN'S NAME (TYPE	Woolston	Union	Inion Memorial  Memoria	Hospita:	tal	
, , , ,	23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 4/20/81	23c NAME OF CEMETERY OR CREATED	ith Overl	ea Bal	timore	Md.
OM 2/80 o, 4)	24 F	WASSahu 7	4. 7401 BR	Mais Rd.	APR 2 0 1981	TRAR 256 REGISTR	AR'S SIGNATURE	7

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9		tems #.	18a-22a F		DEPART	BL STATE	EALTH	AND ME	ENTAL H		6	REG.	9	6	5	5
North Street		CEASED NAM PE OR PRINT)	TOHN	J FR	ANCIS	C	RIL	LEY		2	OF	KNOWN ESTI- MATED	MONTH	-12	YEAR 1981	2b. HOUR
2	3. SE	ale	white	DEC. 25	1947	6. AGE (IN YEAR) LAST BIRTHDAY) 33 YRS			HOURS		RONOUN DEAD	NCED	MONTH	-12	YEAR	64:10 p.m
PRESAL WITH A VIEW A VI		RTHPLACE (STREIGH COUNTRY)  BALTI		76. CITIZEN OF W			MARRI	ED NEV	VER MARRIE DIVORCE	ED LA			orcou	NTY OF I	DEATH	MD.
ELAY ST TOTHER TOTHER SE PILED.		altime		11. NAME OF HO		RSING HOME,				FOR M	AL OCCUP OST OF WOR	PATION (	TYPE OF WOR	K 12b KI	ND OF BURNDUST	USINESS TRY LOCAL
D. 21201 F ANY D. SHOULD SHOULD BECORD		TATE	(IF IN NURSING HOME O		13c. CITY	BEFORE ADMISSION OR TOWN LTTMORE		13d. INSIDE CI	ITY LIMITS?	113e STREI	ET ADDRE	SS	ST.#	212	24.	# 16.
IMORE, MD.  FREDEATH, IF  PAGES 1, 2,  CORM, PM 2, 3,  SS 1, AND 2, 5,  ON OFVITAL	14. F.	ATHER'S NAME  JOHN MATTHEW CRILLEY  AND LAST  AND LAST  IS MOTHER'S MAIDEN NAME  FIRST  NORMA MARIE TRACEY							3	LAST						
BALTIMORE, MD. IS AFTER DEATH. IF GIVE PAGES 1, 2, THH FORM PM 3, PAGES 1 AND 2 5, WISJON OF VITAL	16a. \	WAS DECEASE ES, NO, OR UNKN	OWN) (IF YES, GIVE		16b. SO	-50-501		17. INFORM JOH	N M.	CRIL	LEY :	ADDRE	المال			L ST.
NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WARTING THE WORD "PENDING" IN PENCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTID 980 Condition gove in	ons, if any, which rise to immediate of stating the <u>under-</u>	D BY: TE CAUSE (a)  DUE TO, OF	Acute R AS A COR	), and (c).)  Salicy  NSEQUENCE OF		into	xicat	ion				A BETV	PPROXIMAT WEEN ONSE	E INTERVAL ET AND DEATH
VITAL RECORDS, SHOULD BE EXEC ORD "PENDING" CHIEF MEDICAL TE USED AS A BUR TI TO F HEALTH AN TURIAL, CREMATIN	CATION		FOPERATION			WHICH OPERA				RT I lat.					AUTOPSY	7?
ION OF VITA FIFICATE SHC 60 THE WORD TO THE CHI HOULD BE US ARTIMENT OF	MEDICAL CERTIFICATION	UNDERLYIN	AL CAUSE WAS G A OR ING CAUSE OF I	DEATH ? P.A	M. MONTH	3 19 87	in	gesti				JURY IN ITEM	18 PART 1 OR		YES 🖰	но 🗌
DIVIS THIS CER WRITIN WARDED PAGE 3 S TATE DEP	MED	21d. INJURY WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK		OF INJURY TORY, FARM, I	(AT HOME,	_ 3	TEL S.	Corn	wall	St. or 10	™ Bal	ltimo	POUNTY	Mo	d. STATE
TO MEDICAL EXAMINER: TO EXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I cert death resul ACTUAL SIGNATURE		ge of the remains de ral couses .	Accident			TITLE (SI	Inspection ide	Undete	Inquiry rmined mo	anner K	and in my ], DAT SIGI	E	4.	<u>-13-8</u>
O MEDIC XECUTE YAGE 4 S O FUNE VETER DE	2	EXAMINER'S	S NAME MA	rgarita		orell,			11:			tree	et			
BP	(	SPECIFY)	BURIAL	4-17-81		OAK	LAV	N CEM		7:			RN BI	C SAGNIAL	A.CO	MD.
260 DHMH-17 (VR A15 ME (5)) 15M 2/80	6	harles	Bales +	In due.	BALI	EASTER	N AV	E.	APR 1	4 19	181	fr	spage	hal	rendy	

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CRAGGS South, 211 APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Burial STATE 4/81 Cedar Hill Cemeter Brookly Mid . 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR ADDRESS Md. George J. Gonce 4001 Ritchie Hgwy Balto M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

CERTIFICATE OF DEATH

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YEAR

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IF UNDER I YEAR

INDUSTRY

2b. HOUR

17b. KIND OF BUSINESS OR

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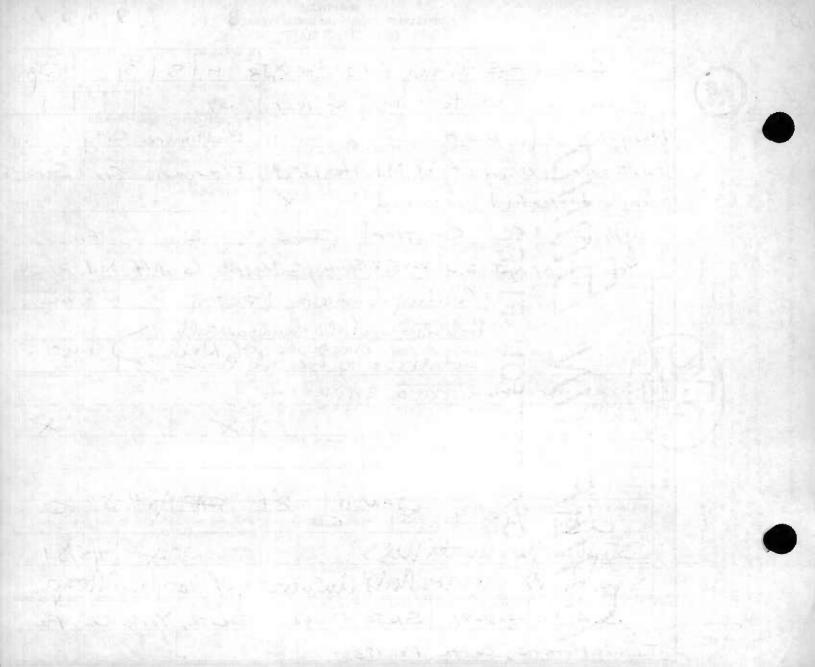
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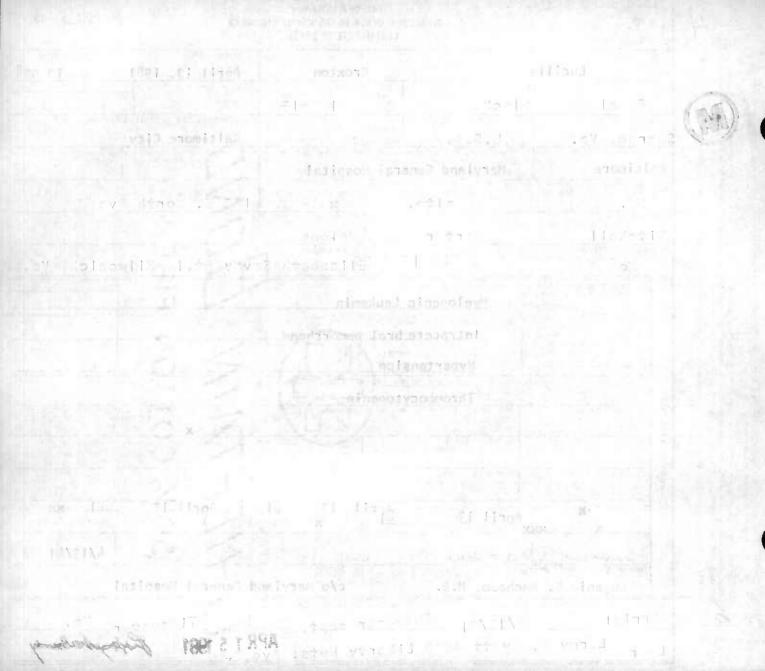
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STATE OF MARYLAND



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	4	1.	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	U 9	0	<b>5</b> 6
			CEASED NAME FIRST	MID	DDLE	LAS	Ti.	20. DATE OF DEATH		YEAR	2b. HOUR
9 P	1		Lucill	е		C	roxton	April 13.	1981		10:02%
2 / 3	/	1 SE	X	4. RACE		5. DATE OF	BIRTH 12	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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河 连柳	W).	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	8.	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
1	201	bh:	arpe, Va.	U.S.	Α.	WIDOWED		Baltimore	City		MD
101 offer of the contract of t	教		ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET A and Gene	ADDRESS)	other institution	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY	F BUSINESS OR
AND 212 24 hours of filled in rauld be	90 S	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION, GIV JNTY 13	VE RESIDENCE BEFORE 34. CITY OR TOWN	N	34 INSIDE CITY LIMITS? YES 🔀 NO 🗌	130 STREET ADDRESS	orth A	lve	
RYL, vithir etely 12 sh	Tine	14. F.	ATHER'S NAME	WIDDLE	LAST		5. MOTHER'S MAIDEN NA		15/16/2	LAST	
MA mple ond	\$0 C	M	itchell		rter		Melona	MIDDLE		FASI	
xecut xecut nd cc	medicol	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE			
TIMO	the me		YES, NO OR UNKNOWN) (IF YES, C		223 10	007	Dizabeth S	avoy Rt.I	, Kilm	nonicl	k, Va.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician.  Out the this certificate has been signed by the attending physician and completely filled in the other business. Pages 1 and 2 should be fill the and Amenal Hyatene priors to build, cremove carbon popers. Pages 1 and 2 should be fill the and Amenal Hyatene priors to build, cremoving.	ory, ar other troumatic eve	7	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR A  DUE TO, OR A  DUE TO, OR A  CC  (c) H	AS A CONSEQUE Tracere AS A CONSEQUE Ypertens	hce of hral nce of ion	nemorrhage	INAL DISEASE OR CONI	DITION GIVEN	IN PART 1(o	0
or to	<u> </u>	ě			hrombocy						
RECC low is be	Sony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, V IN CERTIFYIN		
TAL The cian re ho	how	RT						YES NOK	YES [		NO 🗆
rSiCian: ing physic certificol virial-fron	Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DUTY OF EITHER NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	EATH HOUR A.M. P.M.	MONTH DA	Y YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	OR PART 2)	
DIVISIO ING PHY T affer this os the b	orked or	WEG	WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	T, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	V.	COUNTY	STATE
ATTEND aspitol o CTOR: ,	n 21 is m		22a. I certify that (1) (this has sow the deceased alive a above, (1)(we) (did) (did)	n April I	319		that in (mx) (our) opinion o	, toApril death occurred on the do	13 , 19 ote and hour a	nd from the	
OR he he	+ He		226 SIGNATURE	1. 0	1	DE	ATTENDING _	MEDICAL STAF	E	22c. DATE	
ITAL by th RAL dete	ž		huzems )	mount	lu	U	PHYSICIAN [	DIRECTOR   PHYSIC	IAN B	4/13	/81
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6	_	23a. I	BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d. LOCATION	c	YINUO	STATE
200 BP	_		uria!	4/17/8	tbe	nezer	Bapt Ch.	Com Tid	ewata	_ Va	
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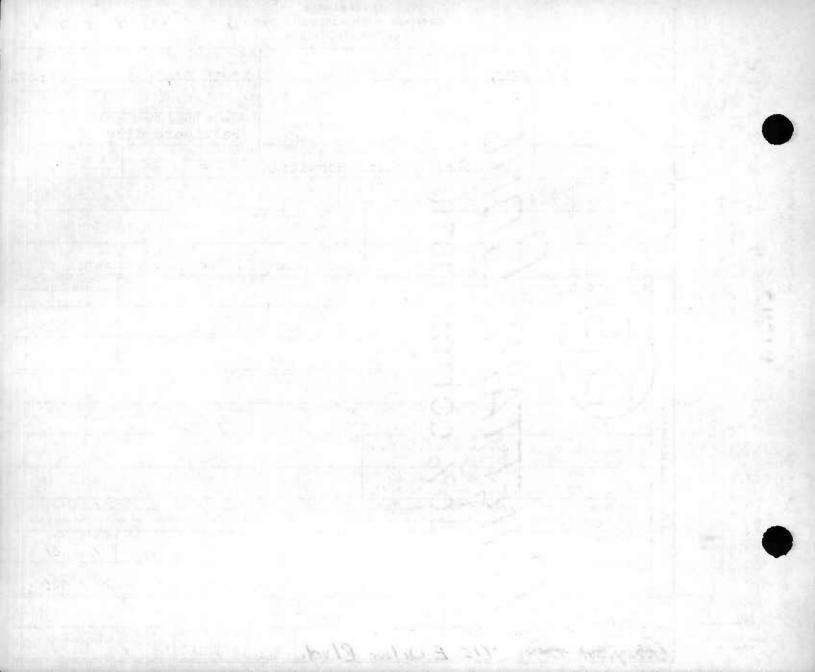
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Hagerstown, Md.

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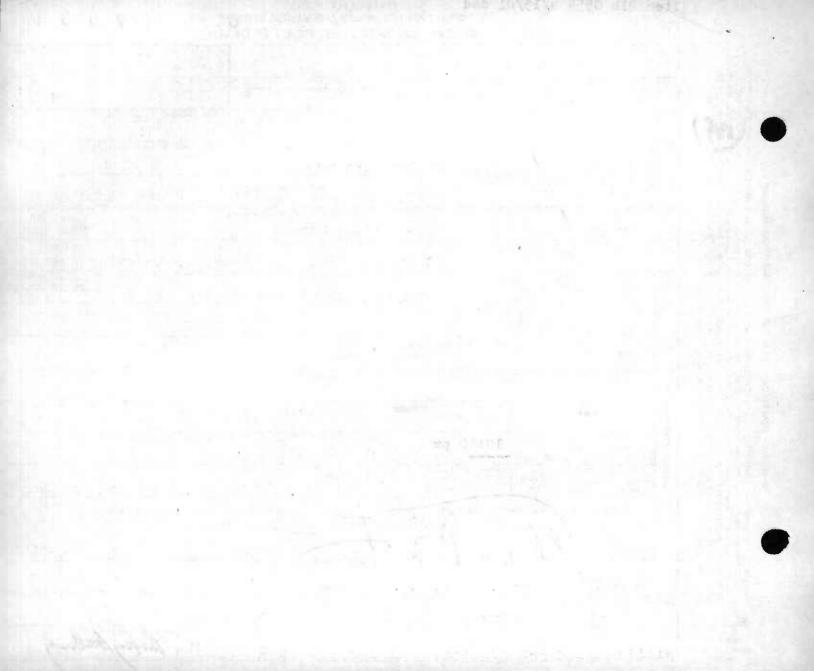


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by be age 3 death	(TYPE	CEASED NAME FIRST ALMEG		CUNNIN	GHAM		4 / 17	/81	26 HOUR \$ 16/0/W
ge 4 mc	3. SE	Female	White	S. DATE OF	20, 1902	6 AGE (IN YEARS LAST BIR	THDAY)  WON  YRS.	THS DAYS	HOURS MIN.
leoth. Po	Wi	nston-Salem,	CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		DEATH	MD.
rs ofter of the filed well		BALTIMORE	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIA	L HOSE		170 USUAL OCCUPATION OF WORK FOR MOST OF Cataloge 1	F WORKING LIFE)	INDUSTRY ,	ibrary
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	Baltimo	re	3d. INSIDE CITY LIMITS? YES 💆 NO 🗍 1	130. STREET ADDRESS	ookwoo	d Roc	ad
			K. Shouse		5. MOTHER'S MAIDEN NA Daisy	WE		Nadir	ng
BALTIMORE, interpretation on a copers. Pages 1 vol. 1, the medical	16a. V	VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE W.		6832	John H. Ci	timore, <sup>ADDRE</sup> unningham-	ss Md. 1 -708 B.	rooku	wood Rd.
1 W. PRESTON ST., that the death certific td by the attending ph lease remove corbang iol, cremation, or rema or other troumatic even		PART 1. DEATH WAS CAUSED B  ### A	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	ACULUI ACC		DITION GIVEN	INI DAPT 1/o	
ORDS, 2 requires en signe T. Then por 10 bury, / injury,	TION		None						
At RECON  The law re  To hos beer  If permit.  The prior  The prio	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO	206. IF YES, W IN CERTIFYIN YES	IG CAUSES	GS USED OF DEATH? NO
NG PHYSICIAN: The low requirement of the physician.  Of the this certificate has been signs the burial-tronsit permit. Then the and Mental Hygiene prior to be acked or Item 18 shows any injury and the purial properties.		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)	
DING PHYS	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		711. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
OR ATTENDING or ATTENDING the hospital or a DIRECTOR: Aften sched for use as Dept. of Health		220.1 certify that (1) (this haspital) saw the discoosed alive an abave, (1) (we) (did (did not) vi	4/17/8/ 19	, and	that in (my) (aur) apinion	deoth accurred on the do	A, 19_ ate and hour an	nd from the o	
HOSPITAL bined by th FUNERAL by the Stote PORTANT:		774 PHYSICIAN GNAME (TYPE ORPR	COOLESTON	MD	ATTENDING PHYSICIAN [ 220. ADDRESS  UNION M	MEDICAL STAI	HOSP.	4/1	7/87
	23a. E	BURIAL, CREMATION, REMOVAL 18 SPECIFY)  BURIAL			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cc	OUNTY	STATE
2 83 4 BP DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR Starling . NAME 736 Edn	Juneral Estate ADDRESS mondson Age.	uaon	Park Ceme	TEREC D. BY REGISTRAR	LLMOP 25b REGISTRAF	YS SIGNATI	JRE J

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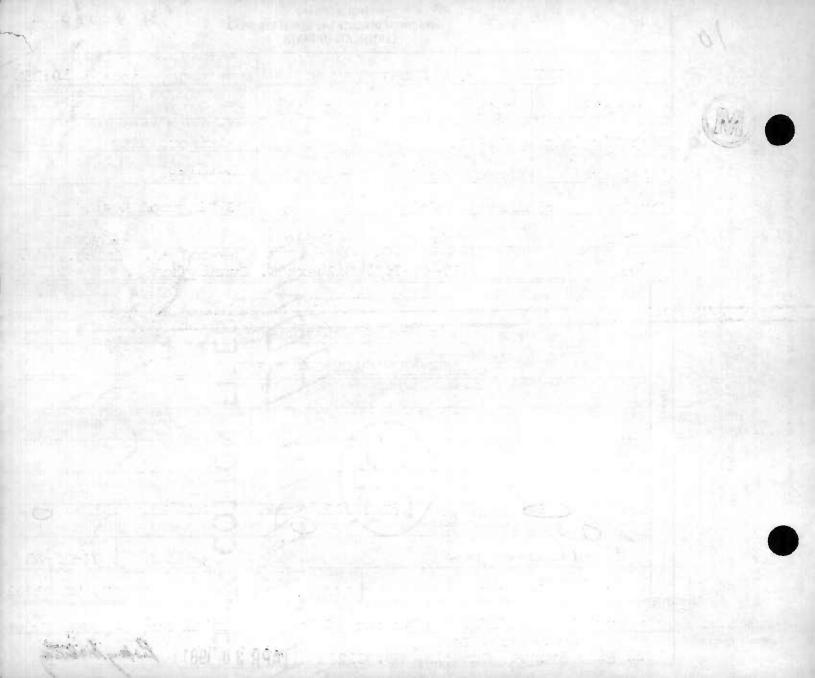
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PLEASE ECTOR R FILES. HOURS STREET,	3. SE		5. DATE OF BIRTH	R. 6. AGE (IN YEAR LAST BIRTHO			OF DEATH 24 HRS. 2c. DATE MIN: PRONOUN	√CED MC	4 2	YEAR   28 HO
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DELAY IS NOTHER IN PAGES SOLW	В	ITY OR TOWN OF DEATH  altimore  Alresidence (if in nursing hom)	(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)  IMORE CITY	Hosp		12a, USUAL OCCU FOR MOST OF WOR		WORK 12b. KIN	ND OF BUSINESS INDUSTRY
DEATH IF ANY DELA DEATH IF ANY DELA GES 1, 2, AND 3 TOT M PM 3. RETAIN PA AND 2 SHOULD BE DEVITAL RECORDS.	13a. S	TATE Md 13b. COU		13c CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAID	1	Pratt	Stree	t
F., BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY IB. GIVE PAGES 1, 2, AND WITH FORM PM. 3. RETA IT. PAGES 1 AND 2 SHOUL IT. PAGES 1 AND 2 SHOUL C. DIVISION OF VITAL RECO	16a. V	Ernest  VAS DECEASED EVER IN U.S. A	MIDDLE RMED FORCES?	Muse	Y NO.	Lucy  17. INFORMANT	M.	ADDRESS	Jon	es
	(1)	ES, NO, OR UNKNOWN) (IF YES, GN	/E WAR OR DATES)	213-78-9		Ruth Wil	liams 33	5 Lorr		Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 11 ROED TO THE CHIEF MEDICAL EXAMINER ALONG BE 3 SHOULD BE USED AS A BURIAL RANNSIT PERMIT EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if any, whice gave rise to immedia cause (a) stating the underlying cause last.  PART 2 DTHER SIGNIFICANT (DNDITID)	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	OF	E DR CONDITION GIVEN IN PA	<b>京 1 (a)</b> .			
E SHOULD B WORD "PEN E CHIEF ME BE USED AS NT OF HEAL	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS		TION FOR WHICH OPER		AS PERFORMED?	ED LENTER NATURE OF IN	HIRY IN ITEM 18 PART	Y	UTOPSY?
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, POEG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGG 3 SHOULD BE USED AS A BURIAL- TRANSIT PRANT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRACTOR, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2 -	ACTUAL SIGNATURE	urorcouses	D Suns	Land Market	Homicide X	Undetermined mo	anner ,	my apinian  DATE  SIGNED	4–3–81
Bb	(:	URIAL, CREMATION, REMOVAL  Burial		23c. NAME OF CE		emorial F	23d LOCATION CITY OR TOWN		COUNTY	Md Md
O 2 DHMH-17 (VR A15 ME (5))	-	UNERAL DIRECTOR NAME  11iam C Mai	ADDRESS	1101 E N		Ave AP	REC'D. BY REGISTRA	IR ZOB. RECOSTRA	My Area	hudy



7922 Wise Avenue Dundalk, MD.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

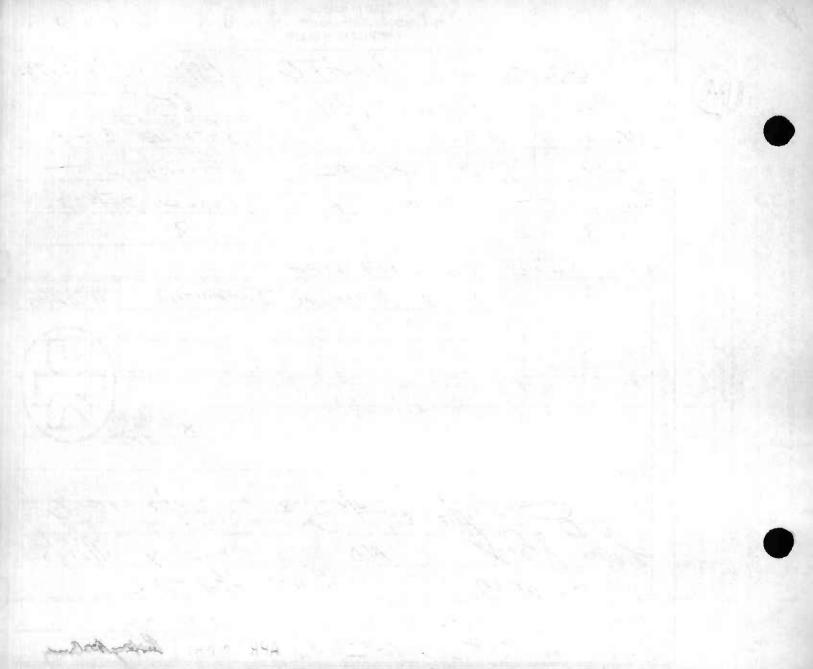


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A PEAS	3. SE)		S. DATE OF BIRTH MONTH DAY MARCL 25-189.	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	and the same of th	MONTH	30 19 81 M DAY YEAR 2d HOUR 30 19 817:30F
Weeken Tools	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COL	UNTRY? 8. MA	ARRIED NEVER MARK	RIED U	ECITY OR COUNTY imore City	OFDEATH
D. 21201 2, AND 3 TO THE H. 3. RETAIN PAGE S. SHOULD BE FILED ALCRECORDS, 201		Baltimore	11. NAME OF HOSPITAL, N (# NOT IN SUCH FACILITY, GIV Union Mem	orial Hosp	ital	POR MOSTOF WORKERS		26 KIND OF BUSINESS OR HOUSTRY
F. MD. 21201 ATH. IF ANY DEL S1, 2, AND 3 TO PM 3. RETAIN F ND 2 SHOULD SE VITAL RECORDS.	13a. S	TATE Md. 136. COUN	OR OTHER INSTITUTION, GIVE RESIDEN JTY 13c. C1	DALO	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	HORTher.	N PARKWAY
NOS NO NE	2	ATHER'S NAME   FIRST   NC   M	ALD BIDDIE	CAMPO	15. MOTHER'S MAID	ARMELA		RDINA
BALTIMORI URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I PA DIVISION OF	16a. V	140	WAR OR DATES) 214	0 CIAL SECTRITY NO.			Récords	APPROXIMATE INTERVAL
5, 201 W. PRESTON ST CUTED WITHIN 24 HOI ("IN PENCIL IN ITEM I I EXAMINER ALONG SIRAL - TRANSIT PERMI ND MENTAL HYGIENE, TION, OR REMOVAL.		PART I DEATH WAS CAUSE	TE CAUSE (o) ATTER  DUE TO, OR AS A CO  (b) DUE TO, OR AS A CO  (c)	TIOSCLETOTI ONSEQUENCE OF ONSEQUENCE OF		cular diseas	ie	BETWEEN ONSET AND DEATH
F VITAL RECORDS E SHOULD BE EXE WORD "PENDING F CHIEF MEDICA BLUSED AS A BL NT OF HEALTH AR BURIAL, CREMA'	CERTIFICATION	190. DATE OF OPERATION	19% CONDITION FO	DR WHICH OPERATION	WAS PERFORMED?			2D AUTOPSY? YES NOX
VISION OF VI		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		TH DAY YEAR		ED (ENTER NATURE OF INJURY)	N ITEM 18 PART 1 OR PART	
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EDICAL EXAMINER: 1 UIE THE CERTIFICATE, 14 SHOULD BE FORU UNERAL DIRECTOR: 8 POFATH, WITH THE SI MORE, MARYLAND, 3		deoth resulted from: Notu ACTUAL SIGNATURE	ge of the remoins described all prol couses Accider	nt [], Suicide	Homicide , TITLE (SPECIFY) Assistan	MEDICAL EXAMINE	DATE SIGNED.	5/1/81
TO MEE EXECUT PAGE 4 TO FUN AFTER E BALTIM	230 B	EXAMINER'S NAME MAT (TYPE OR PRINT)  URIAL CREMATION, REMOVAL		M.D.	ADDRESS	Penn Street	Balto.,M	1D 21201
274 PDHMH-17 (VRA15 ME (5))	12. F	WION 6 MENT UNERAL DIRECTORY NAME FOR CEAL	Chape 8	300 HARTER	MAUSCLEUM 250. DATE MAY		Sb. REGISTRAR'S SIG	M d

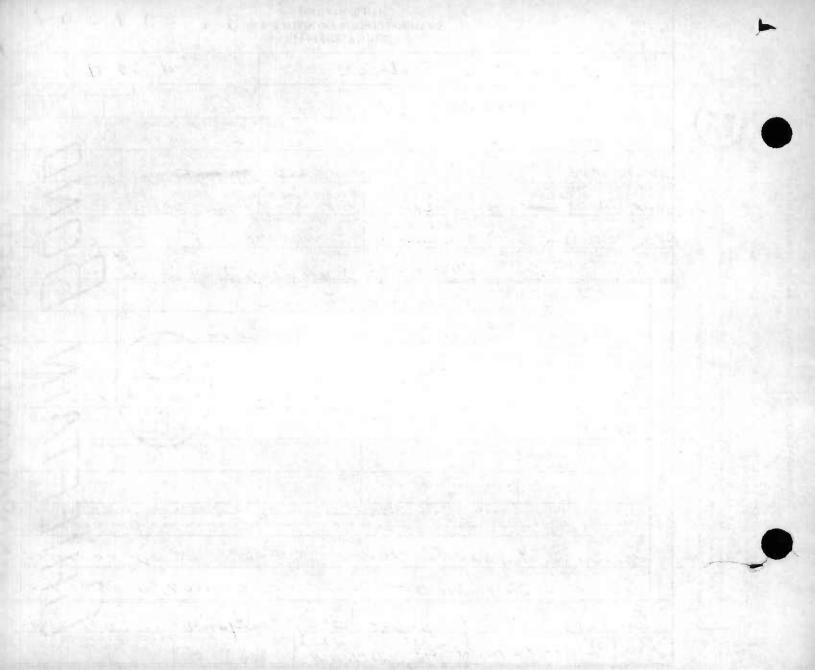
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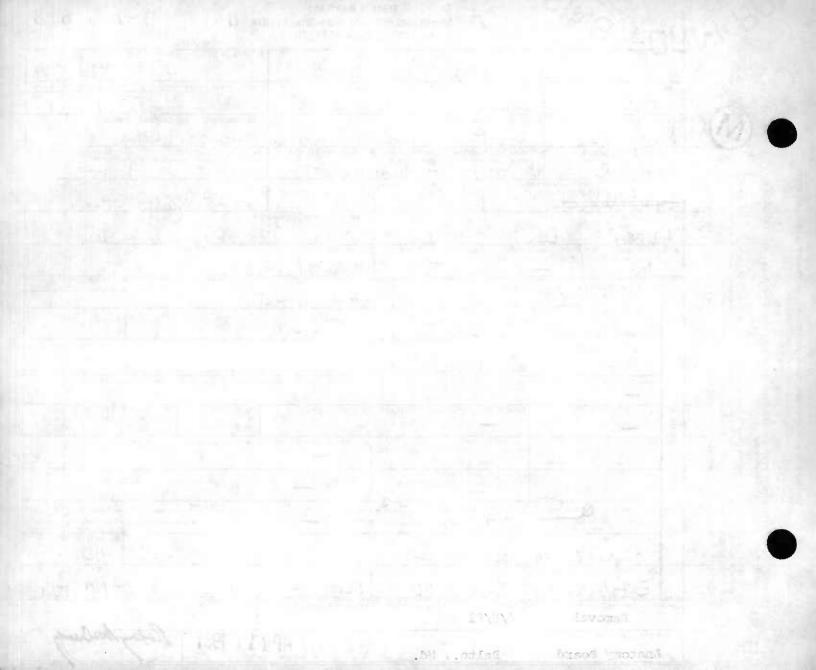
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ter mo	3. SE	X	4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	LYEAR IF UNDER 24 HRS
		Female	Caucasian	Marc			YRS.	9
death. P	1	irthplace (state or foreign Maryland	U.S.A.	TRY? 8. MARRIE WIDOWI	D NEVER MARRIED X	haltimorecity o		ATH MD
	В	altimore	II NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S johns hopki	ns hos		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. K	IND OF BUSINESS OR USTRY
restions 11, battimote, marttanb 2120  edute detricale be executed within 24 hours  e attending physician and completely filled in blamove carbanpapers. Pages 1 and 2 should be fill motion, or removal.  Troumatic event, the medical examiner mast be as	130.	siMd. rai	TY Trapp	TOWN	YES NO	13e. STREET ADDRESS School	l Street	
within within d 2 sh	14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE .		LAST
P 200		Raymond was deceased ever in u.s. as	P. Dahl		Susan	M . ADDRE	0'	Connell_
Pages Pages		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRE	55	
e be	H	No.	nly one couse per line for (a), (b		LRaymond P.	Dahlman	Trappe,	APPROXIMATE INTERVAL
es that the please re please re urial, crea	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSI	EQUENCE OF	NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN IN PA	ART 1(0)
flow resonance became as been sermit. The prior ws ony ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		AUSES OF DEATH?
VIIAL NS: The hysicior hicate h Hygier Hygier	- E	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO D	YES T	NO ART 2)
Sician ng phy certific vial-tre		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR				
NG PHYSICIAN: The low required of the this certificate has been signed as the burial-transit permit. Then the and Mental Hygiene prior to barked ar Item 18 shows any injury	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF		21f LOCATION STREET	CITY OR TO	wn con	NTY STATE
OR ATTENDINE he hospital or DIRECTOR: A coched for use a Dept. of Heal if hem 21 is mo		22a. I certify that (I) (this hosp sow the deceased of the control	4/8/01	19, o	nd that in (my) (our) opinion d DEGREE  ATTENDING PHYSICIAN	eoth occurred on the do	F 22c.	om the couses stoted  DATE SIGNED
Por Bridge		22d. PHYSICIAN'S NAME (TYPE OF	H SILBEN	_	THE ADDRESS It	Prins Ass	pital	
Sh To	23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	
BP		Bürial	4-10-81	St.Jos	eph's Cem.	Cordova	Talbo	t Md.

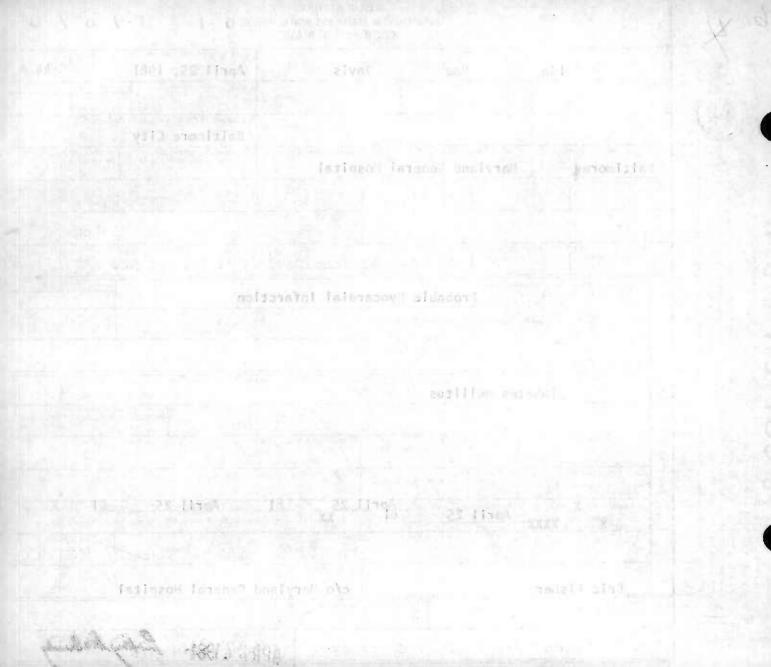


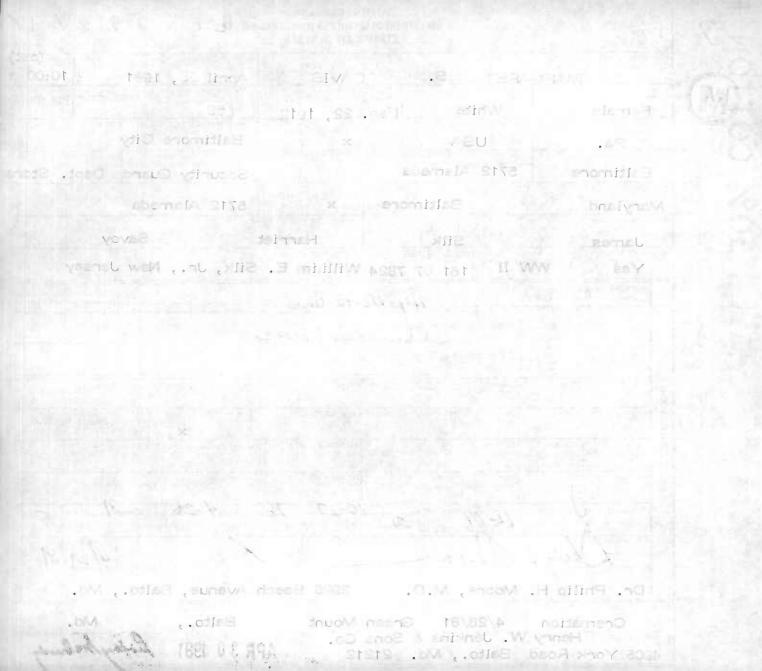
	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	0 9 6	6 8
may be page 3 er death		SPRINTING LE	PWIS HOLE RACE	1h (Bab	Boy Davis)		MONTH DAY YEAR 2h  4 4 81  HDAY   # UNDER 1 YEAR #	HOUR  S A M  UNDER 24 HRS  OURS MIN
	10 B	OUNTRY)	Black CITIZEN OF WHAT	COUNTRY? 8 MARRI	2 81 ED NEVER MARRIED 12	9 BALTIMORE CITY O	YRS. O DAYS HE	JURS MIN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 C	ary land TY OR LOWN OF DEATH		Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		MD. USINESS OR
within 24 ho within 24 ho should be fill examine mu	3	AL RESIDENCE (IF NURSING HOMEOR OF TATE 1) (1) (0.4) OF COUNT	OTHER INSTITUTION, GIVE RES Y [13c. Q1]	SIDENCE BEFORE ADMISSION TY OR TOWN 2(H) LANC	134 INSIDE CITY LIMITS? YES ON O	130. STREET ADDRESS	raisel Ct-	
completed and 2	1		WIJ LED FORCES? 166 SO	Jolah DCIAL SECURITY NO.	Ahhie It Informant	Puth ADDRE	Davi	1
ficate be ex ysician and pers. Pages oval.	(	(ES, NOIGH UNKNOWN) (IF YES, GIVE V  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	VAR OR DATES)		Hospital in	ecord	APPROXIMAL I	E INTERVAL ET AND DEATH
law requires that the death cert been signed by the attending ph t. Then please remove carbon parior to burial, cremation, or rem s any injury, or other traumation.	NOI	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	(b) Frit	CONSEQUENCE OF CONSEQUENCE OF COUNTY TY UTING TO DEATH BY	hemorrhaye	MINAL DISEASE OR CON	DITION GIVEN IN PART I(a)	
N: The	CERTIFICATION	19a DATE OF OPERATION	-		ON WAS PERFORMED	20a AUTOPSY?		
G PHYSIC ding physis er this cert burial-tra nd Mental ked or Iter	MEDICAL CE	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 210 PLACE OF INJU	ONTH DAY YEAR	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
On ATTE nospital on SIRECTO led for use lept. of He	•	WHILE DOT WHILE AT WORK  22a.1 certify that (1) this haspita saw the deceased alive an- obave, (1) (we) (did) (did not)  22b. SIGNATURE	il) ditended the deced	ased from 418	DEGREE ATTENDING	death occurred on the do	ate and haur and from the cou	
TO HOSP retained by TO FUNE should be with the 8		224 PHYSICIAN'S NAME (TYPE OR)  Elizabeth  BURIAL, CREMATION, REMOVAL  SPECIFY REMOVAL	500,00 20	MD 23c. NAME OF	270 ADDRESS  DEST: OF  CEMETERY OF CREMATORY	Pediada CS —	UNIV. Of Md.	HOSPITE
DHMH-16 25M (VRA 15. 4) 1/79	24 F	UNERAL DIRECTOR	Palto	ADDRESS MA	25 <b>°</b> AP	R*100 1981 AR	25h Jegisteres See Bru	dy

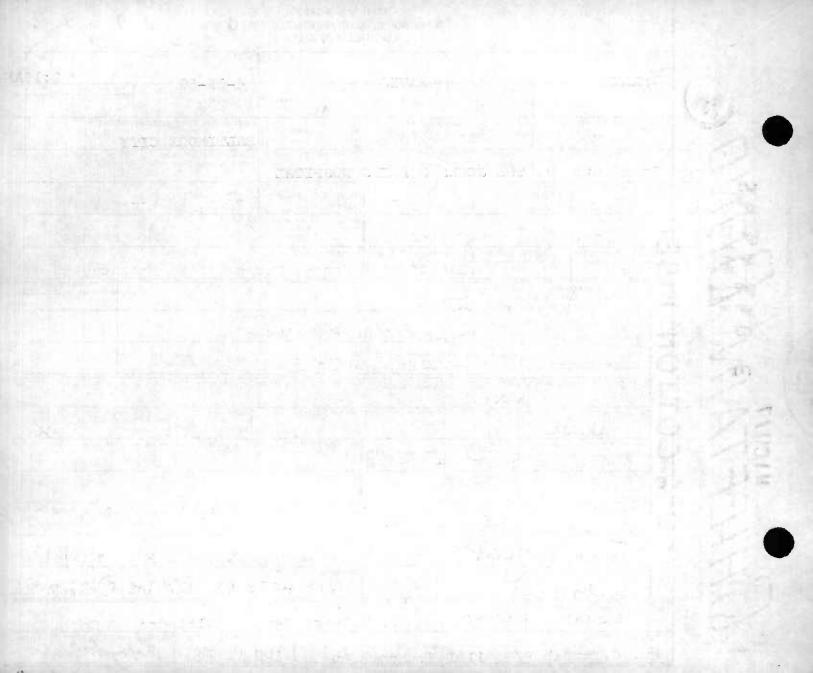


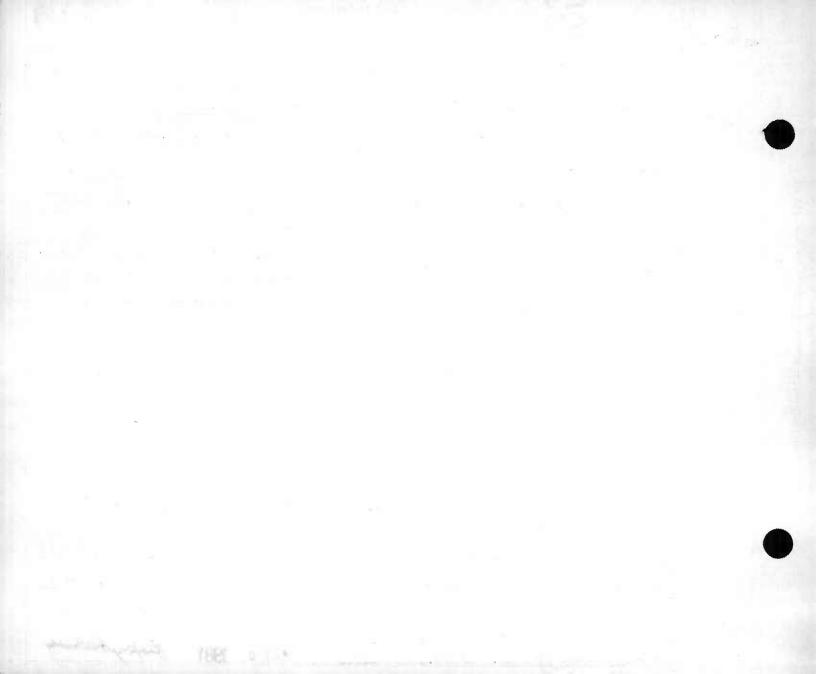
3		FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H' FICATE OF DEATH	YGIENE 8 1	0 9 6	6 9
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1		CLYDE	Н.	DAY	/IS	APRIL	20 1981	8.26 M
3	3. SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 24 HRS
		MALE	White	9	2 1911	69	YRS	Mooks Mile.
ı	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
		nnessee	U.S.A	WIDOW	ED DIVORCED		ORE CITY	MD.
5	1-	TY OR TOWN OF DEATH	(JE NOT IN SUCH EACHITY	CIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS OR
	1	ALTO.	JOHNS HOP			Assembl	Vline ROP	^
	13a. S	TATE 136 COU	NTY 13c CIT	DENCE BEFORE ADMISSION Y OR TOWN ALTO-	134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N		Elderry St	
	S	FIRST	MIDDLE	LAST	FIRST	WIDDIE	Harry	ST
		VAS DECEASED EVER IN U.S. AR	DAVIS	CIAL SECURITY NO.	N INFORMANT	ADDR	MANEY	
			VE WAR OR DATES)		Mrs. Peggy		ul asim 21	- man Dal
		Canditians, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A C	CONSEQUENCE OF	ventricular ble			
'n	NO.	TAKE 2. OTTEK SIGNIFICATOR		THING TO DEATH BU	I NOT RELATED TO THE TER	(WIN AL DISEASE OR CON	DITION GIVEN IN PART I	0
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDE IN CERTIFYING CAUSE: YES	
3	1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y ONTH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ALD.	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUI		216 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	133	AT WORK NOT WHILE AT WORK						
		22a I certify that (I) (this hospi			7 19 51	, to 4116	, 19,	that (I) (we) lost
H		saw the deceased alive an obove, (l) (we) (did) (did no	t) view the body ofter dec	19 <u>6 1</u> , c	nd that in (my) (our) apinia	n death accurred on the d	ote and haur ond from the	couses stoted
		226. SIGNATURE	M	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		SIGNED
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS		7	1 1
	73a D	LIDIAL CREMATION REMOVAL	236. DATE	123, NIAME OF	CEMETERY OR CREMATORY		w 1-00	Jul
	(	SURIAL WERAL DIRECTOR	4-22-8		R HILL CEM	CITY OF TOWN	COUNTY	STATE
	24-FI	NERAL DIRECTOR	1 44 8	CEDI			10 · N/N ·	Barneter
_	0	NAME O MA O DO	- 2334 1	ADDRESS	25 AF	ATE REC'D. BY RECUSTRAR	hoppy	7

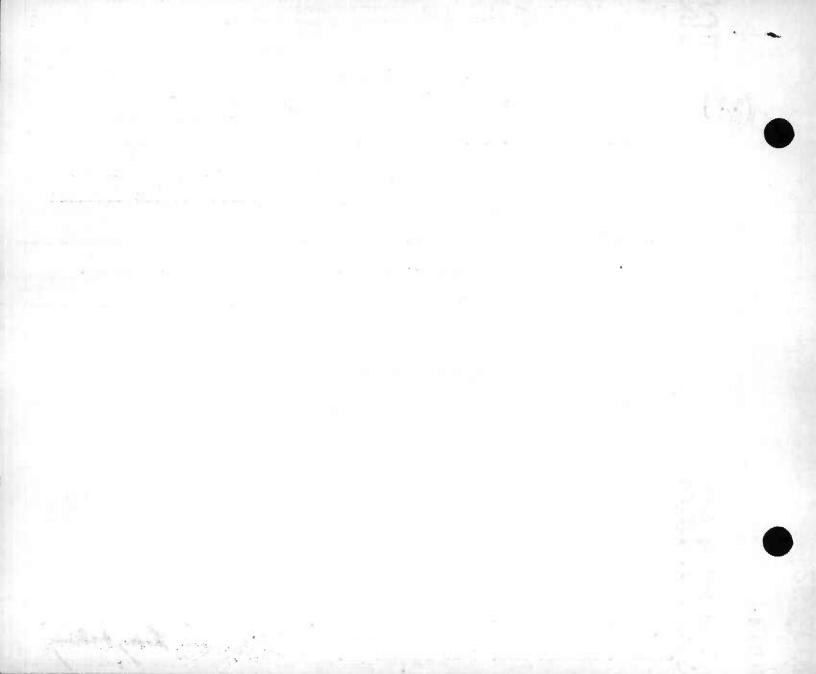
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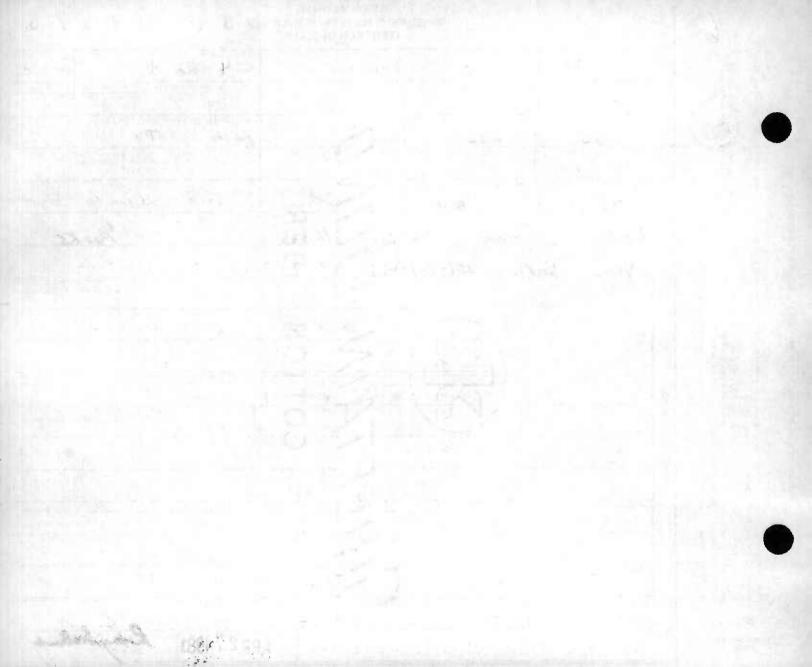




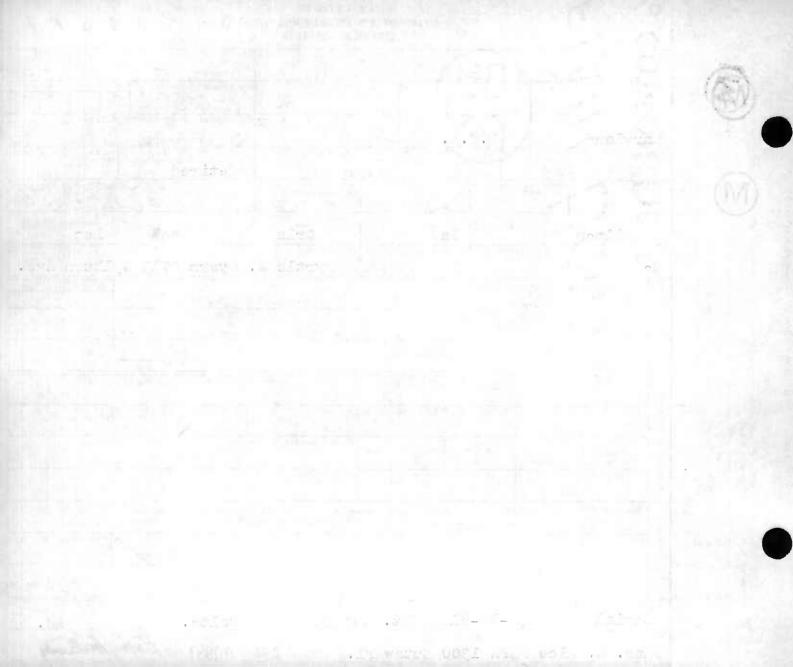
	1.	FOR STATE REGISTRAR	DEP	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE B   REG. NO.	0 9	6 7 5
ge 4 moy be for, poge 3 after deoth		CEASED NAME BABY PO	Poy Wantre	II (CC	ISON) Da Von  PEBIRTH  DAY  268	20 DATE OF DEATH ME		YEAR 26 HOUR 9 HOP M
ofter death. Page	). B	RTHPLACE (STATE OR FOREIGN 76. ( COUNTRY)  USA BOLLO MA  ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NI UFNOT IN SUCH FACILITY, GIVE	MARRIE WIDOWE URSING HOME ( STREET ADDRESS)	D NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR.  BALTIC  12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF V	ify 12b. K	MD.  KIND OF BUSINESS OR USTRY
E, MARYLAND 21201 cuted within 24 hours completely filled in by 3 and 2 should be file	14. FA	AL RESIDENCE (IF NURSING HOVE OR OTHER) TATE 131 COUNTY  THER'S NAME FIRST MIDD	ER INSTITUTION, GIVE RESIDENCE 131. CTD OF		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	MIDDLE	eAve	É Greensprin
IMORE, or execution and confidence in medical	16a. V	VAS DECEASED EVER IN U.S. ARMEDITES, NO OR UNKNOWN) (IF YES, GIVE WA		SECURITY NO.	LIDA HEIN	ADDRESS Sin	Hi Hosp	GUON.
es that the deoth certificated by the ottending phyplease remove carbon prioris, cremation, ar rema	NO	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO.  Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CON	Y: AUSE (0)  DUE TO, OR AS A CONS  (b)  ANOX  DUE TO, OR AS A CONS  (c)  BINT	SEQUENCE OF CIC BA SEQUENCE OF H ASP	Arust  AIN DAMAGE  HYXIA  NOT RELATED TO THE TERA			APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ON OF VITAL RECOR	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W			20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY I	YES	AUSES OF DEATH?
DIVISION OF PHE TOTHER THE CONTRACT OF THE CON	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DEFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN		
DR ATTEN hospitol ORECTOR: ched for us Oept. of He Hem 21 is		22a. I certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did)/did nat) vii 22b. SIGNATURE		.19, or	, 19 Id that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	medical Staff	ond hour and fro	om the couses stated  DATE SIGNED
TO HOSPITAL Cretained by the TO FUNERAL B should be detained with the State B IMPORTANT; If	220.	226. PHYSICIAN'S NAME (TYPE OR PRI	STRAUS	L22, NAME OF	5107 LAW	ien me, 1		221211
27/7BP		BURIAL, CREMATION, REMOVAL 2 SPECIFY BUrial UNERAL DIRECTOR NAME Wm C March F/	4/20/81 'H 1101			236 LOCATION CITY OF TOWN Anne Ar TE REC'D. BY REGISTRAR 21 2 0 1981		

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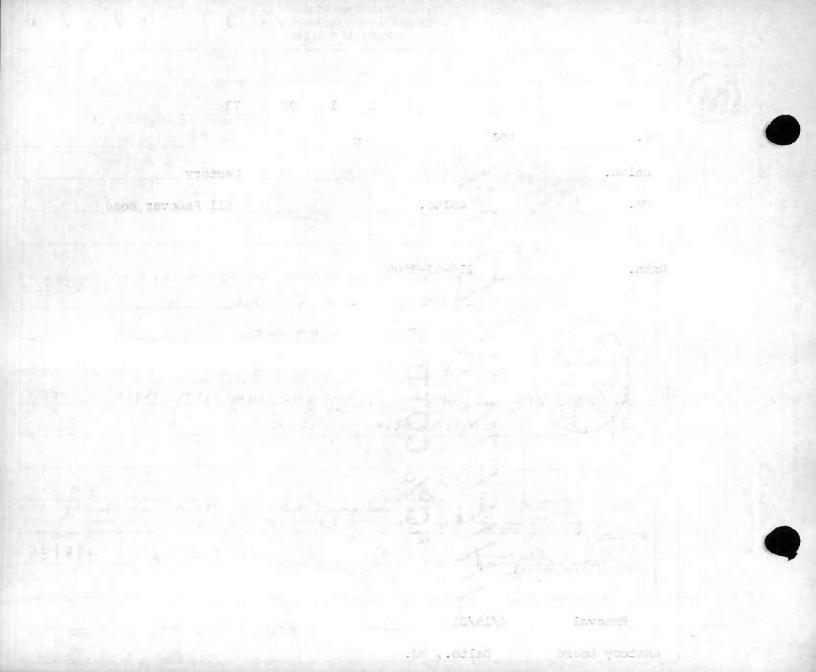
6 1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8   O	9076
	OR PRINT)	MIDDLE	DAWKINS	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR OG 48A
3. SEX	M	4. RACE	5. DATE OF BIRTH  MONTH  03 - 02 - ()	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	*** *** *** *** *** *** *** *** *** **	BA-140.	Y OF DEATH
10. CIT	BATIMORG.	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION LEET ADDRESS) LVEY   TAL.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OF
35 130 ST	M	OTHER INSTITUTION, GIVE RESIDENCE BEI TY 13c. CITY OR TO Ba HO		130 STREET ADDRESS 260 9, Royal	Oct Ale. 2/207
E 200	Louis	Henry DA	Takins Hester	MIDDLE	Beeks
in de	(IF YES, GIVE	WAR OR DATES)	7855 Bessie Daw	ADDRESS kins 2609 Ro	oyal Oak Ave.
other froumotic event, the	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY:  E CAUSE (o)  DUE TO, OR AS A CONSECTION  (b)  DUE TO, OR AS A CONSECTION  DUE TO, DUE T	QUENCE OF Chest Paris	Arrest Stilling Could not b	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y, or		ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM  E by William Shade 6	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(o)
S A SE	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 0 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
D ₹	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	22a. I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not	11	n 04722 19 8	deoth occurred on the date and ha	ur and from the causes stated
3 ±	400	C. Adhe.		MEDICAL STAFF  ☐ DIRECTOR ☑ PHYSICIAN ☐	224. DATE SIGNED
IMPORTANT	22d. PHYSICIAN'S NAME (TYPE OR		220 ADDRESS Sniai Hogu	tel f Baltimen Hd	U
23a. Bl	URIAL, CREMATION, REMOVAL	23h. DATE 23 4/27/81	R NAME OF CEMETERY OR CREMATORY Baltimore Nat. C	23d. LOCATION CITY OF TOWN	COUNTY STATE



1				E OF MARYLAND			
-	1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 9 6	77
-		CEASED NAME FIRST	MIDDLE	AST		AONTH DAY YEAR	2h HOUR 5
20	3.56	NO AY	4 ACE IS DATE	ea l	6. AGE (IN YEARS LAST BIRTH	4 8 8/	PINGERIAN
		temole	B	12. 95	85	MONTHS DAYS	HOURS MIN
13 13 13 13 13 13 13 13 13 13 13 13 13 1	4 0	RTHPLACE (STATE OR FOREIGN OUNTRY)  aryland	U.S.A. WIDOWE	NEVER MARRIED DIVORCED	Baltimore city of	COUNTY OF DEATH	4 /
The same	10.5	Ja Himore	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	or other institution	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Retired	WORKING LIFE) 126 KINDA WORKING LIFE) INDUSTRY	OF BUSINESS (
12/	130		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	2 Paca St	-4 Tlur
301		Milton	AIDDLE LAST	15 MOTHER'S MAIDENNA/	ME MIDDLE Mae		AST
medicol /			/E WAR OR DATES)	IT INFORMANT	. Myers 27		m Ave
and, crematicit, et sen , or other traumatic ev	2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT	epsis, fu	emonit Who where	Infected	
V 36							(a)
ws any injury	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	Z0a AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE:	INGS USED S OF DEATH?
om 18 shaves any injury	CAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	21b. TIME OF INJURY ATH HOUR A.M. MONTH DAY YEAR	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES []	INGS USED
riked or Nem 18 shows any injury	1	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY ATH HOUR A.M. MONTH DAY YEAR		YES NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES IN ITEM 18, PART 1 OR PART 2)	INGS USED S OF DEATH?
of 16 ustrass the buriol fronts permit. Then pt. of Health and Montal Hygreine prior to be em 21 is marked or them 18 shares any silvary	AL CERT	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hosp saw the deceased alive an	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURE 216 LOCATION STREET 19 d that in (my) (aur) apinian of	YES NOTER NATURE OF INJURY	20b. IF YES, WERE FINDIN CERTIFYING CAUSE: YES  IN ITEM 18, PART 1 OR PART 2) COUNTY 19 10 ond hour ond from the	INGS USED S OF DEATH? NO STATE , that (1) (we) loe causes stoted
a detocated for use as the busing froming permit. Then State Dept. of Health and Awards Hygiene prior to but AMT. If them 21 is marked or them 18 shares any injury of the state of the sta	AL CERT	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE STORY 220.1 certify that (1) (this hosp saw the deceased alive at 1) and 1) a	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21 oftended the deceased from 19 31. View the body after death	216. HOW INJURY OCCURE 216. LOCATION STREET  19 d that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN	YES NOTER NATURE OF INJURY  CITY OR TOWN  to death accurred on the data	20b. IF YES, WERE FINDIN CERTIFYING CAUSE: YES  IN ITEM 18, PART 1 OR PART 2)  COUNTY  Te ond hour and from the	INGS USED S OF DEATH? NO STATE
Application of the state of the	AL CERT	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hosp saw the deceased alive an	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21 oftended the deceased from 19 31. View the body after death	21c. HOW INJURY OCCURR  21f LOCATION STREET  19 d that in (my) (aur) apinian of the company of t	YES NOTER NATURE OF INJURY  CITY OR TOWN  to  deoth accurred on the dat	20b. IF YES, WERE FINDIN CERTIFYING CAUSE: YES  IN ITEM 18, PART 1 OR PART 2)  COUNTY  Te ond hour and from the	INGS USED S OF DEATH? NO STATE , that (1) (we) loe causes stoted
TO FUNERAL DIRECTOR. After this centricine has been sign should be detached for use or the buriol tronsit permit. Then with the State Dept. of Health and Metald Hygiene grots to the WPDRTANT. If hem 21 is marked or frem 16 shows any injury.	MEDICAL CERT	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE STORY 220.1 certify that (1) (this hosp saw the deceased alive at 1) and 1) a	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  Attol) ottended the deceased from The street of the body after death  The street of the body after death	216. HOW INJURY OCCURE  216 LOCATION  19 d that in (my) (aur) apinion of the composition	YES NOTER NATURE OF INJURY  CITY OR TOWN  to  deoth accurred on the dat	20b. IF YES, WERE FINDIN CERTIFYING CAUSE: YES  IN ITEM 18, PART 1 OR PART 2)  COUNTY  Te ond hour and from the	INGS USED S OF DEATH? NO STATE state that (I) (we)



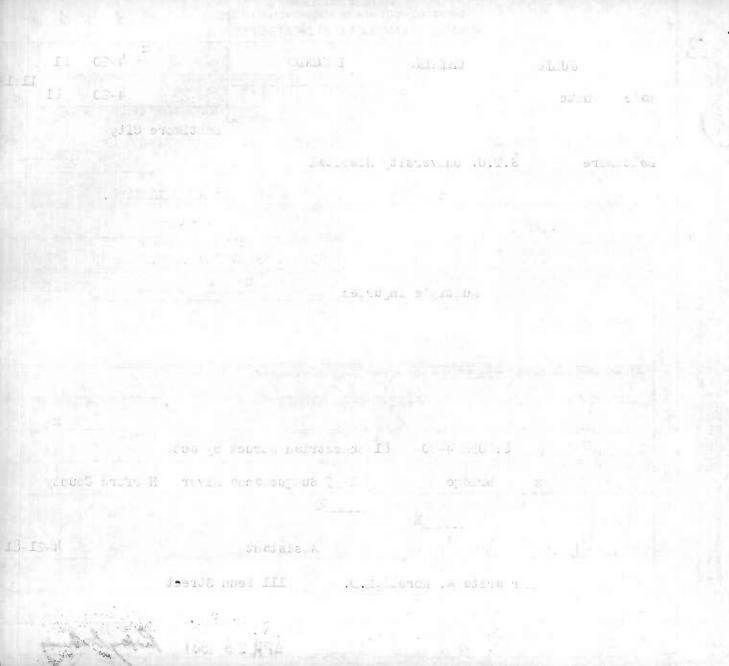
	1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF D			EG. NO.	90	/ 8
ω <b>ξ</b>		CEASED NAME E OR PRINT)	FIRST EVA		MIDDLE		DEARING		20. DATE OF DEA	ATH MONTH	DAY YEAR	2b. HOUR
96	3. SE	X	EVA	4. RACE			OF BIRTH	,	6. AGE (IN YEARS	4	6 81	IF UNDER 24 HE
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hould be	13a. S	Md.	UR OF OUR	OTHER INSTITUTION	13c. CITY OR TOW Balto.		13d. INSIDE C	ITY LIMITS?	13e. STREET ADD	RESS <b>Andover</b>	Road	
Sond 2 st	14. F.A	ATHER'S NAME FIRST		MIDDLE	LAST			FIRST		DOLE	t A	ST
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te has been signed by the attending physicia sit permir. Then please remove carbonpapers: giene prior to burial, cremation, or removal. shows any injury, or other traumatic event, the	CERTIFICATION	En DO  190 DATE OF OPER  3   4	ny, which mmediate string the last lost.  GNIFICANT OF METRICANT OF ME	DUE TO, CO  CONDITIONS COND  196 COND  E	CARDION  OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO E  ARCINOM  ONTRIBUTION FOR WHICH  NOOMES	NCE OF NCE OF NOS DEATH BUT OPERATIO	NAL NOT RELATED RAD N WAS PERFO L CAI	TO THE TERM ICAL RMED VCER	INAL DISEASE OR  WENTHE  200 AUTOPSY  YES   NO	20b. IF Y	YSTERE ES, WERE FINDI TIFYING CAUSE: YES	NGS USED
OR, After this certificate or use as the burial-transis the delth and Mental Hygi I is marked at them 18 sh	MEDICAL CE	22a.1 certify that	CAUSE OF DEA	HOUR A P P 21e. PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATIO	, 19 <u>8\</u>	CIT	Y OR TOWN	COUNTY	STATE that (I) (we) Ic
TO FUNERAL DIRECTION of the Control	23a. E	226. SIGNATOR	NAME (TYPE C		ofter death.	m.n	DEGREE	ITTENDING PHYSICIAN [ S	MEDICAL DIRECTOR P	STAFF HYSICIAN A	22c. DATE	(6   8 )
P		Remov Remov			5/81			APR		former .	COUNTY	STATE
16 30M 2/80 RA 15, 4)		UNERAL DIRECTOR			ADDRESS MA			BED AT	ENCO. BY REGIS	TRAR 25b. REGI	STRAR'S SIGNA	TURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE DeKenis 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-3-28 ,81 CHARLES 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 74-150 VR LAST BIRTHDAY) MONTHS DAYS PRONOUNCED male white 97 84 YRS 1981 DEAD PM 7g BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Lithuania WIDOWED [ DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore A 18. GIVE PAGES 1, 2, AND 3 TO THE GWITH FORM PM. 3. RETAIN PM. MIT. PAGES 1 AND 2 SHOULD BE HE, DIVISION OF VITAL RECORDS. Cabinet Maker Manufacturing 1509 W. Baltimore Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13. STREET APPRESS Baltimore Baltimore YES X Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Unknown Unknown 402Ф Holly Knoll Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 215-09-8278 Mr. Algard J. DeKenis Glen Arm, Md. Yes WW ALONG W 18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES -NO KK 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE Inspection XX 22a I certify that I took charge of the remains described above, held an Autapsv and in my opinian Natural causes Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell.M.D. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 4/6 /81 Baltimore, Md. Cremation Security Process Catonsville BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1981 MacNabb Funeral Home Catonsville, (VR A15 ME (5) Md. 15M 2/80

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	PE OR PRINT)	NE FIRST		MIDDLE			LAST			2a. DATE I	KNOWN X		DAY YEAR	2b. HOUR
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3. SE	male	white	5. DATE OF BIRTH	1 YEAR	6. AGE (IN YE.	AY) MONTH	DER 1 YR.	HOURS		2c. DATE PRONOUN DE AD	CED	4-2	20 <sub>19</sub> 8:	4 10 10 10 10 10 10 10 10 10 10 10 10 10
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13a. S	AL RESIDENCE STATE IEW YOR!	(IF IN HURSING COUNT K	DTHER INSTITUTION, GI	VE RESIDENCE		ON)	13d. INSIDE CIT	ITY LIMITS?			ÖRIA	BLVD.		
-	ATHER'S NAM		OWN		LAST		15. MOTHE	R'S MAIDE		UNKÑ			LAST	
()	WAS DECEASE YES, NO, OR UNKNO NO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. 500	CIAL SECURIT	YNO.	17. INFORM				, N.B		I, NJ O	7047
	IB CAUSE C	OF DEATH (Enter onl EATH WAS CAUSED	BY: Mar		), and (c).) Le inju	ripa							APPROXIM	ATE INTERVAL
2	gave ri	ins, if any, which ise to immediate ) stating the <u>under-</u>	DUE TO, OR (b)	AS A CON	SEQUENCE (	OF .								,
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	22a. I certi death result ACTUAL SIGNATURE	Mouse	e af the remains desi al causes,	Accident	441	Autaps	, Hamici		Undete	Inquiry rmined ma	nner ,	DATE SIGNE	14	-21-81
	EXAMINER'S (TYPE OR PRI	NAME	Margarita	A. K	Korell,	M.D.	ADDRESS	111	Penn	Stre		3,0,10		
R	REMOVAL	TION, REMOVAL 23	4/24/81	V	VEE HAW	KEN			NOR	CATION PRIOWN TH BE			NEW JER	STATE SEY
	ONE RE	ISTERSTTO	EVINSON RE B	BROS ALTO	S., INC	212		API		1981	25b. REC	TRAR'S SI		4



Home Dyke Street LAST ADDRESS 1508 Dagmare St. Pittsburg PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE, SIGNED DIRECTOR PHYSICIAN C/O Maryland General Hospital Pittsburg Calvary Cemetery Penna. 21 DAJE RECD. BY REGISTRAR 25 L. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR NASollon Funeral Home Canonsburg (VRA 15, 4)

- STATE REGISTRAR . DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

1981

IF UNDER LYEAR

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY

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	n page 3	1. DE		4. RACE	MIDDLE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	4-3-8 HDAY) IF UNDER	2 HOURS	5 PM 24 HRS MIN.
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MARYLAND 2120	hin 24 h		Md.	NIY	Baltimor	ě	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NA	1305 Ramble	ewood Road	1	
-	complete ond 2		<sup>FR</sup> Charles Wi		<i>Demm</i> ê ⊓		<i>E∀</i> a¹	WIDDIE	dest	LAST	
BALTIMORE	be execu		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	220-22 T		17 INFORMANT Mr. Irvin Hai	addres	Hillburn		
201 W. PRESTON ST.,	equires that the death certifical signed by the attending phy. Then please remove carbanga to burial, cremation, or remaining, or ather traumatic event	NO	PART 2. OTHER SIGNIFICANT	TE CAUSE (a)  DUE TO, (b)  DUE TO, (c)	Renal Jor as a conseque	ellel	Brain Dyns Brain Dyns De Polyman NOT RELATED TO THE TERM	drome, Lfri Heyra Winal Disease or cond	jubelij	ART 1(a)	
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DIVISION OF	inG PHYSICIA ratending p After this certificate os the buriol-though though the corked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE (AT HOME, S	P.M. E OF INJURY TREET, FACTORY, OFFICE, FA	19 ARM, ETC )	211. LOCATION STREET	CITY OR TOW	in conn	nia 21	TATE
•	PITAL OR ATTEND by the hospiral a lERAL DIRECTOR. 4 se detoched for use State Dept. of Heal ANT: If Hem 21 is m		27a.1 certify that (1) (this hasp sow the deceased alive ar abave, (1) (we) (did) (did not 27b. SIGNATURE	14 -	7 10		d that in (my) (our) opinian DEGREE ATTENDING PHYSICIAN	death accurred an the dat  MEDICAL STAFF DIRECTOR   PHYSICI.	22ε.	m the couses star DATE SIGNED	
	TO HOSPITAI retained by I TO FUNERAI should be de with the Stati		MANUEL	OR PRINT)	Bodar	OMI	270 ADDRESS 4	Jork Bo	ad		
748	BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial				emetery or crematory and Memorial	Baltimore	COUNTY	Md	TATE
DI	HMH-16 30M 2/80	24. FI	UNERAL DIRECTOR	uck Inc	Ra 740 Min	ro M	aruland 250. DAI	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIG	Halle	4

II C. Are smoke their participa Market State I and the state of the state of

Leonard J Ruck Inc. Baltimore, Maryland

- STATE

REGISTRAR

L DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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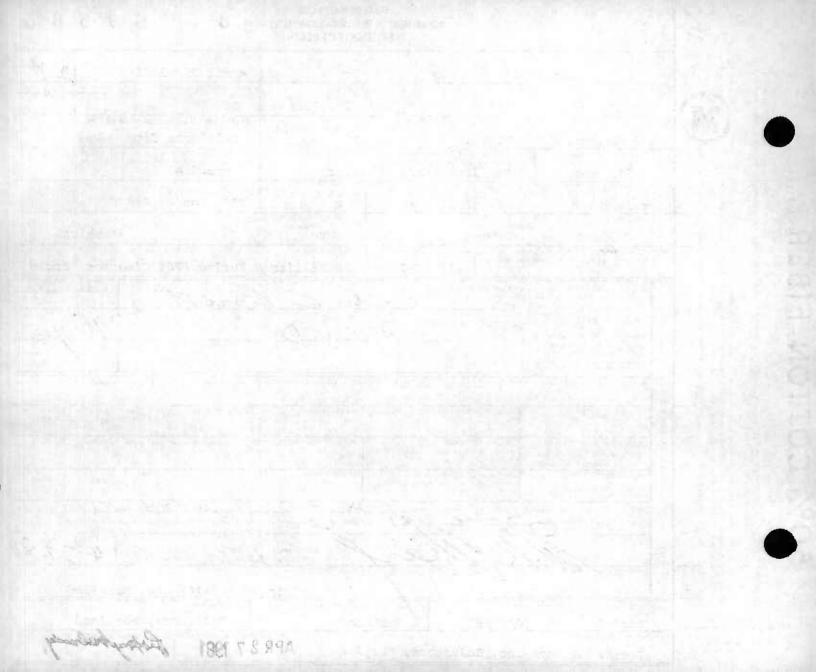
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 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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6	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	09088
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ge 4.mo	3 SE	MARK	A RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS EAST BIRTH	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS BAYS HOURS MIN.
eoth. Po	7a 8	IRTHPLACE (STATE OR FOREIGN LOUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	COUNTY OF DEATH
s offer d	T	ALTIMORE.	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
filled in loud be f	USU 130.	AL RESIDENCE (IF NURSING HOME OF		TEADMISSION) 13d. INSIDE CITY LIMITS? YES NO	138 STREET ADDRESS	gilmor St.
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equires the signed Then plect to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1101
he low re on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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TTENDIN pitol or TOR: Af for use o of Healtl		sow the deceased alive or	ital) attended the deceased from a 19 to 19 view the body after death.	f, and that in (my) (our) opinion		e and hour and from the couses stated
TAL OR A ry the hos RAL DIREC detoched note Dept.		274 SIGNATURE	12 Pab senday.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	224. DATE SIGNED
HOSPIT ined by vid be vid be of the St		22d. PHYSICIAN'S NAME (TYPE OF	orprint)	22e. ADDRESS Ba Den		
D & D & \$ \$ \$	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 4/7/81 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION  BOTTO OR TOWN	MD COUNTY STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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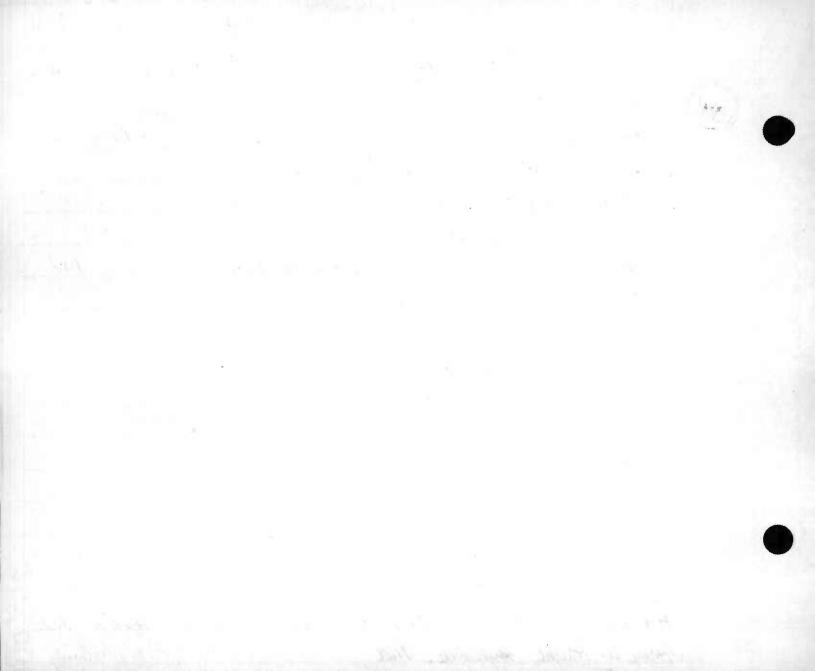
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the medic		YES NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)	9381	Phyllis Roc		ent Road F	Reisterstov ROXIMATE INTERVAL LEN ONSET AND DEATH			
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MPORTANT		FRED RIC	STEWARTS	CIPKIS	22e ADDRESS MERC	4 HOSP.	1	<i>f</i>			
2		SURIAL, CREMATION, REMOVAL (SECCIFY)  DUTIAL  UNERAL DIRECTOR	1 4- 4-		idge Cemetery	CHY OF TOWN Pikesvill REC'D. BY REGISTRAR 2	e Balto	STATE  Md ev			

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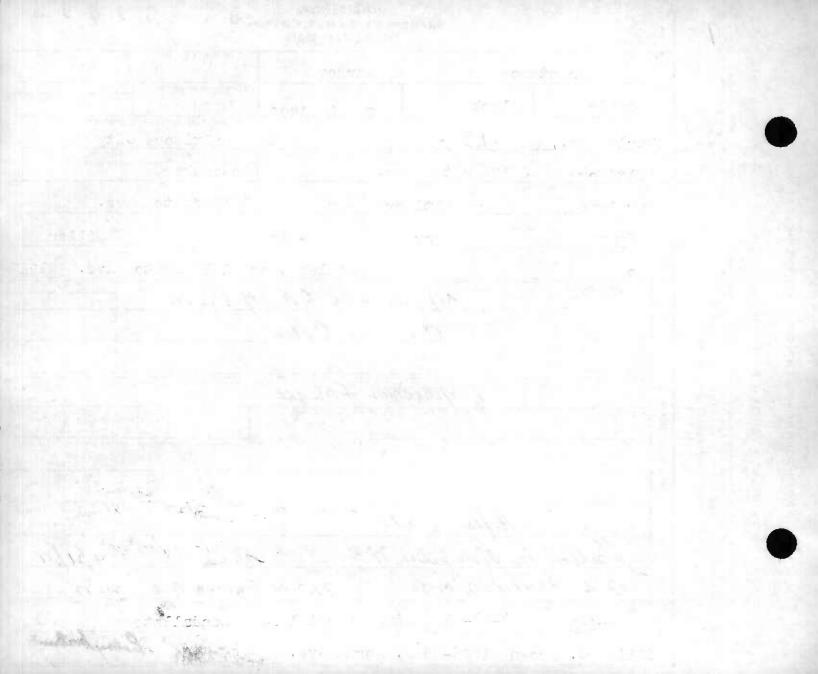


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		1.	FOR • STATE REGISTRAR	DEP	ARTMENT OF HEA	F MARYLAND LITH AND MENTAL HYG ATE OF DEATH	GIENE REG. NO.	0 9	6 9 2
	e o t		CEASED NAME FIRST Ruby	MIDDLE	naldson			ONTH DAY	81 815 PM
		3. SE	Female	NEGYO	S. DATE OF I	DAY YEAR 14-1918	6. AGE TIN YEARS LAST BIRTH	ZYRS.	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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AND 21	filling in	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	NTY 13c. CITY OR	TOWN 113	d INSIDE CITY LIMITS?	130. STREET ADDRESS 5002 St. F	eonge	s Ave
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IMORE	Pages		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SIVE WAR OR DATES)	4507 F	Richardson	DONAL SON		GennersAus
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	OR he he he horder to DIRE		226. SIGNATURE CANAL	emano r	10-	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1	HOS SIGNED
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	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 1	Pandolph J.	Coollick 2431	E. Olive	on St. MA'	e rec'd. By registrar 25 Y 1 1981	b. REGISTRAR'S S	SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 1. DECEASED NAME DAY YEAR 7b. HOUR (TYPE OR PRINT) 18 81 Constance Dorsey IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Black Female 1902 BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City Charles WIDOWED IR CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ulton Ave. Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13m STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Fulton Ave. Baltimore Maryland NOF 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME F FIRST MIDDLE FIRST MIDDLE Miller Bessie ord James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Fulton Ave. Beulah Ames the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 ILURE CERTIFICATION prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Mental Hygi 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ō STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED should be detach ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 722 N. Fulton AVE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Randallstown (SPECIFY) King Memorial BP 250. DATE REC'D, BY REGISTRAR 25b. REGIS AR'S SIGN 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 1206-08 W. North Ave (VR A 15 (4))



		1.	FOR STATE REGISTRAR		DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0 9 6	9 4	
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Hade to		3. SE	Grand Committee	4. RACE		5. DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS	
CANTE	6	7a. B	male RTHPLACE (STATE OR FORE		hite OF WHAT COUNT	RY? 8	18, 1914	9 BALTIMORE CITY O	YRS. R COUNTY OF DEATH	H	
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TO FUNERAL	MPORTANI	23n s	//	SKNECH		734 NAME OF	PHYSICIAN 220 ADDRESS  JHH 601  EMETERY OR CREMATORY	5 0	212	05	
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Br. William G. Pallrich, M.E. ES Poluri avenus Balto., Md.

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4505 York Road Balto., Nd. 21212

	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8 1 O	9 5 9 6
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1 23	7	country) Virginia	USA	RY? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore city or coul	./ /
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filled in could be	Ma	AL RESIDENCE (IF NURSING HOME OR OF STATE 13% COUNTY BALTI	other institution, give residence by TY More Baltimo	OWN TE	13d. INSIDE CITY LIMITS	2415 Suncrest	Road
ond 2 sh	14 F/	Joe FIRST Beal	Dun can		Mary FRST	Victorine	Williams
Poges 1	16a \	WAS DECEASED EVER IN U.S. ARA LES (WW I	TARA OR DATES   166 SOCIALS   227-14-		17. INFORMANT Flora R. Du	mcan/Wife/ 2415	Suncrest Road
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sit permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \)
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ē ≒ 43 ₹	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
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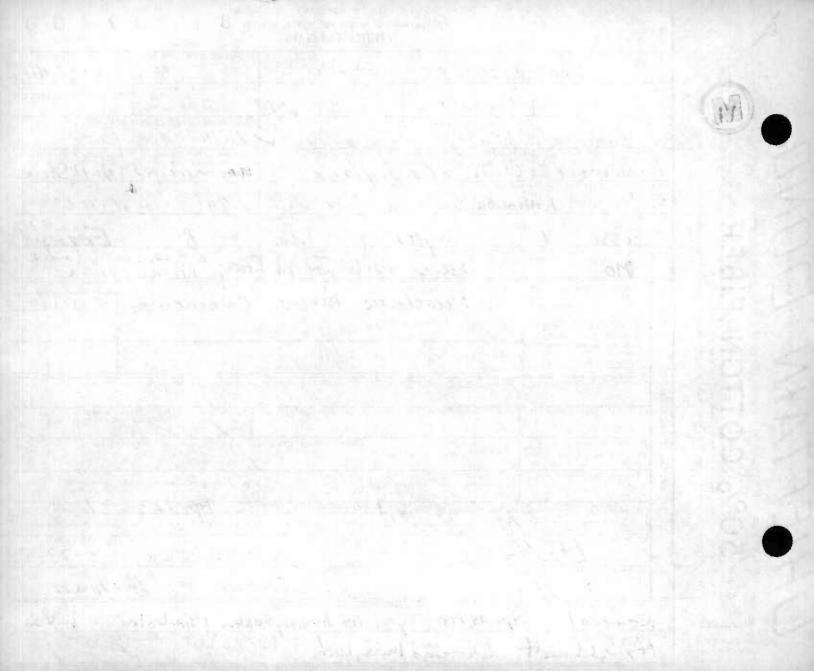
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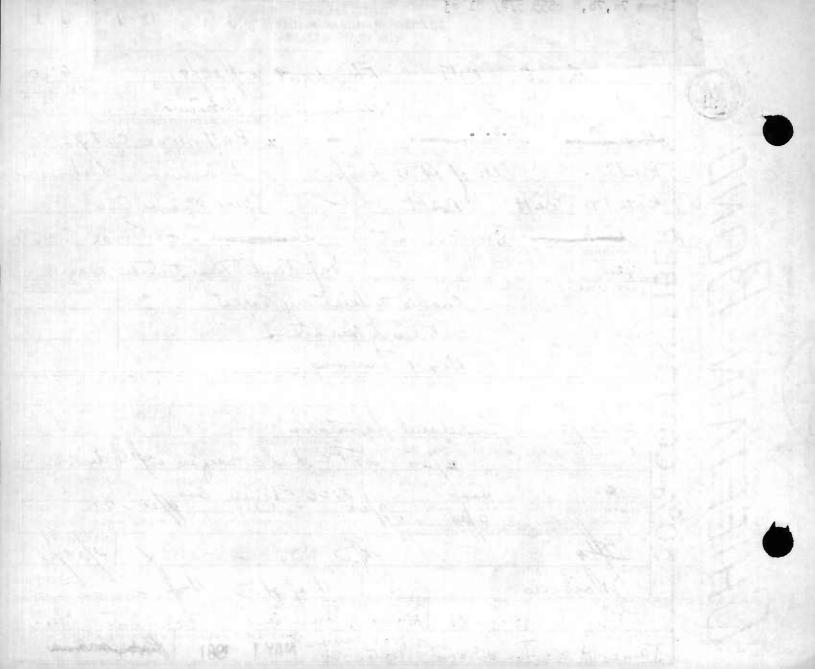
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH FRS Marjorie Kallas 2h. HOUR Dyer (TYPE OR PRINT) Majorie 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1924 Female Caucasian July 56 70. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio USA WIDOWED X DIVORCED [ Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bal timore Housewife Home Johns Hopkins Hospital 13b. COUNTY 13e. STREET ADDRESS Bal timore 5139 Wetheredsville Road Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kozlowski Kallas Edmund Estelle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) Miss Charleve Dver Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and PART I. DEATH WAS CAUSED BY: AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH NOF NO TH Hygier 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE saw the deceased alive an\_ and that in (m) (our) apinian death accurred an the date and have and from the causes stated GREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: TO FUNERA should be di with the Sta 22e ADDRESS WOODLAWN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Security Process Catonsville Balt 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Mac Nabb Funeral Home Catonsville, Md.

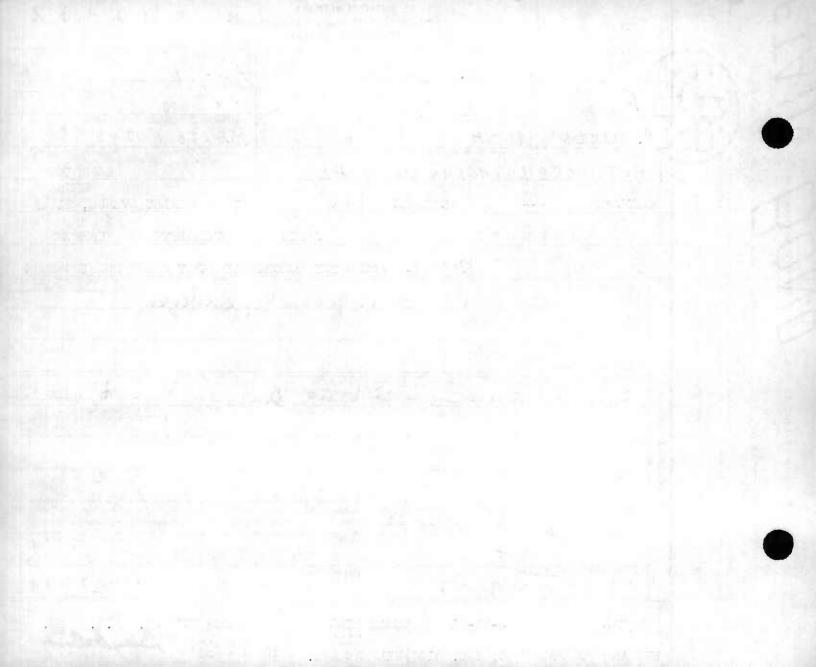
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X	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 9 / 0 0  CERTIFICATE OF DEATH  REG, NO.
of the same of the	(TYP	CEASED NAME FIRST OR PRINT)  PNNA	ABELLE L. EARY  20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 4 23 81 5646 PM
_ (M)	3. SE	female	4. RACE S. DATE OF BIRTH  OBY OBY OBY OBY OBY OBY OBY OBY OBY OB
0118	W	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED BALTIMORE CITY OR CUTY  MARRIED MOVED DIVORCED BALTIMORE CITY OF CUTY  MD
1 1 18	10.5	or town of DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AFP. Stove
AND 21	13a		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION    JUSTY   136 CITY OR TOWN    ANAWAA Chavleston YES D NO    YES D NO    136 STREET ADDRESS 6 Street
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DING PHYSICIA or offending ph After this certifi e os the buriol-tr oith and Mentol marked or Item 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	IER) P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTENII E hospitol OIRECTOR: ched for us Oppt. of Hem 21 is		sow the deceased alive on	pital) attended the deceased from 1980, to 1981, that (II) we) last sin 1981, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated to 1981, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated to 1981, and 1982, and 1983, and 1984, an
TO HOSPITAL ( retoined by the TO FUNERAL II should be deto with the Store ( IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OF	
Bb		BURIAL, CREMATION, REMOVAL	Apr. 24, 1981 Tyler lith memory GALDERS Charleston W. Via
DHMH-16 30M 2/80	24 F	INERAL DIRECTOR	ADDRESS 13.00 1 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	te	ms 7a,7b,8 g555 5/8/81 gj STATE OF MARYLAND
3	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U 9 / U
- /	1	REGISTRAR CERTIFICATE OF DEATH REG. NO.
1./	1. DEC	CEASED NAME FIRST MIDDLE LAST IN DATE OF DEATH MONTH DAY YEAR 26. HOUR
		Einest NHI FERRART 4/28/8, 6:30 M
到(债款(1))	3. SEX	4 RACE 5 DATE OF BIRTH 6 A IN VESTIGATION OF LANDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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The Life	10. CI	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 17 YEAR OF WORKING LIFE) INDUSTRY
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ST., BAI retificate g physici on popel emoval.		PART I. DEATH WAS CAUSED BY:
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the o		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE.
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RECO low r ermit.	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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D STORY	N	179.1 certify that III this haspital attended the deceased from 3/30 10 9 1 to 9/39 19 8 / that (I) (we) lost
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AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN W 4/38/4/
TA SEE SE	1	224 PHYSICIAN NAME (1995 OR MINT) 224 ADDRESS
TO HOSPITAL OF FLANERAL ENVIRONMENT IN WITH THE STORE IN MANORE AND WITH THE STORE ENVIRONMENT OF THE STORE ENVIRONMENT O		Machado 4. of H.D. Hosp -
21.4212		URIAL CREMATION, REMOVAL 136, DATE 131, NAME OF CEMETERY OF CREMATORY 136 LOCATION COUNTY STATE
1548 BP		Bural 5-4-81 Howard touly can Johnson Vg.
DHMH-16 30M 2/80 (VRA 15, 4)	1	INERAL DIRECTOR  ADDRESS 176   £ aurens 50%. DATE REC'D. BY REGISTRAR'S SIGNATURE.  NAME  ADDRESS 176   £ aurens 50%. DATE REC'D. BY REGISTRAR'S SIGNATURE.
(787 10, 7)	2	aines A. Morfon & Sons Batto. ind. MAY 1 1981





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6	1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HY	GIEN REG. P	10.	1 / 0	4
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEAT RITING THE WORD "PENDING" IN PENCIL IN 1EA 18. GIVE PAGES RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM P. R.3 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 ANI E DEPARTMENT OF HACITH AND MENTAL HYGIENE, DIVISION OF 10 PRIOR TO BURAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING 10 (	DEATH BUT NOT R	ELATED TO THE TERA	AINAL DISEASI	OR CONDITION	GIVEN IN PAI	RT 1 (a).						
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W FOR DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTOR: PRIOR TO BURIAL-TRANSIT PERMIT.	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE C		ACE OF INJUI T, FACTORY, FARA			CATION TREET			CITY OR TOV	VN	cc	YINUC		STATE
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au SC		James	MIDOL		E11	Ls	Ma	S MAIDEN NA FIRST ary	ME	WIDDLE				ields	
e medico		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED (IF YES, GIVE WAR		215-0	SECURITY NO. L-1224	17. INFORMA	a B. E1	lis			ive	212	e, Md. 28	
ony injury, or other troum	CERTIFICATION	PART 2. OTHER SIGNIF	the last.	(c) DITIONS CO	ONTRIBUTING	HICH OPERATIO			500	ASE OR CON	20b. IF Y	ES, WERE	E FINDIN	IGS USED	_
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<u>=</u>		22d PHYSICIAN'S NAM	JUPAE (TYPE OR PRIN	ang PAN/-			22e. ADDRES	ATTENDING PHYSICIAN [	VICT	OR PHYSIC		1 /	Apr.	19.81	
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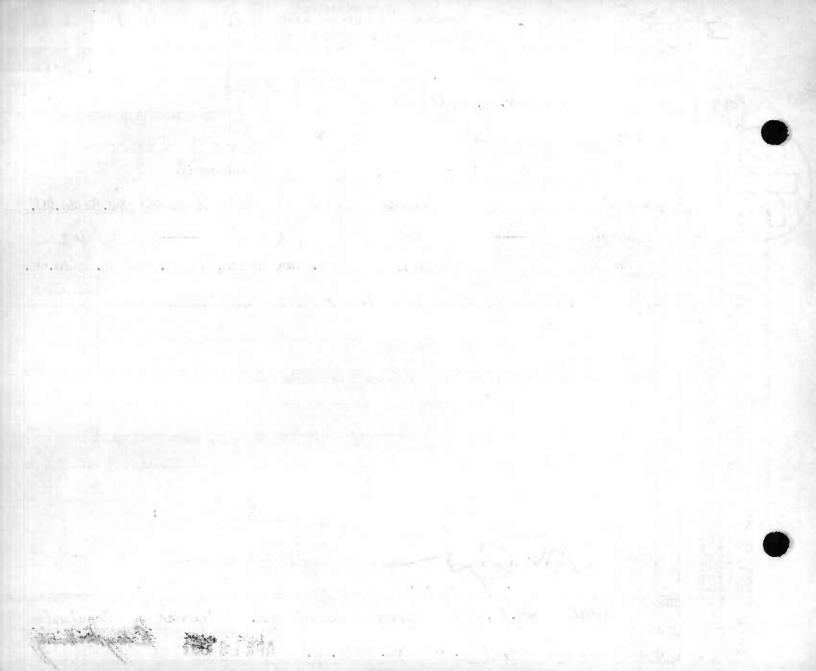
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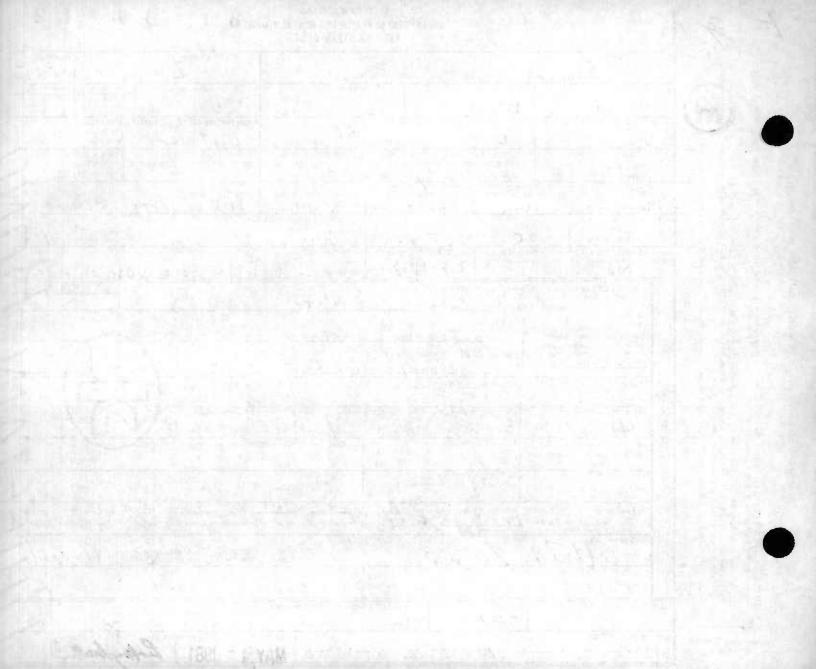
	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 1	0 9	109
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9 ig 8	7d. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEA	TH
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大士 7	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		IND OF BUSINESS OR
- 0 - 0 - 0		Baltimore	Maryland	General 1	Hospital	NONE	DE WORKING LIFE) HADO	SIRT
AND 212		AL RESIDENCE (IF NURSING HOME OF STATE TO THE COUNTY OF TH		OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	neer Drive	
RYL, vithir vithir 2 sh	14. FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN N	AME	STEH	VART
MAR y and y and y		Judson		llis	Remon i		+	This ELLY
ALTIMORE, MA		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOC (E WAR OR DATES)	IAL SECURITY NO.		General Hosp	ital Medi imore, Md.	cal Records
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours to aftending physician.  We certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers, Poges 1 and 2 should be fill the and Mental Hygiene prior to burial, cremotian, or removal.  Or shows ony injury, or other traumatic event, the Medical examiner must be not a show on the statement of	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CO	ac Arres		MINAL DISEASE OR CON		FINDINGS USED
TALR In The In Sicion. The In Sicion. The In Sicion. Sicion.	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121, HOW IN HIPV OCCU	RRED (ENTER NATURE OF INJU	YES [	NO 🗌
SION OF VITAL PHYSICIAN: The ending physicio this certificate the burial-transit dd Mental Hygie d or trem 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 2] d. INJURY OCCURRED	HOUR A.M. MO	19 Y	211. LOCATION STREET	CITY OR TO		
DIVISION OF PROPERTY After the costhe although marked		AT WORK NOT WHILE						
O HOSPITAL OR ATTENDI etoined by the hospital or TO FUNERAL DIRECTOR: a should be detoched for use, with the Stote Dept. of Heal		220.1 certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (1) (1) (1) 22b. SIGNATURE GACCIMO SIGNATURE 22d. PHYSICIAN'S NAME (1) PPE O Judith A. G:	April 14  Novew the body ofter deco  Groner  OR PRINT)	19 <u>81</u> , o	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS		22c. 1	, that X (we) lost m the couses stated  DATE SIGNED  /15/81
7 × × × × ×	23a. E	BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
747 BP 10	_	Removal	4/27/81					
DHMH-16 30M 2/80 (VRA 15, 4)		natomy Board	Balto	ADDRESS Md.	250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE

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2222	fe	emale whi	te	Nov. 24,	1900	LAST BIRTHD	MONTHS	DAYS	HOURS	MIN. PR	RONOUNC! DEAD	D	4	14	19 81	DM
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NECESSARY, PLEASE FUNEAU DIRECTOR. 5 FOR YOUR FILES. WITHINGS HOURS	Ma	preign country)		USA	381		WIDOWE		DIVORCE	-	Baltin	nore (	1+1			440
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ZZ AN PROPERTY	M	aruland				timore		YES X	NO 🗆	1249		rside	Ave	Bal	to M	W.
MD. H. III.	14. F.	ATHER'S NAME		WIDDLE		AST		15. MOTHE	R'S MAIDEN	NAME	MIDD				AST	
SE STE STE		Joseph			K	iel	(9)		Lizab	eth	MIDD			Pri		
MO MO NO	160.	WAS DECEASED EVER IN U	S. ARM	ED FORCES?		IAL SECURIT	/ NO.	17. INFORN	MANT			ADDRESS			0	
BALTIMORE, MD. 21201  JRS AFTER DEATH. IF ANY DELAY  B. GIVE PAGES 1, 2, AND 3 TO TI  WITH FORM PM 3. RETAIN PAR  T. PAGES 1 AND 2 SHOULD BE FI  DIVISION OF WITAL RECORDS, 2		No			Unkn			Mr. A	lan Me	yers,	,514	st. Pau	el Si	t.Ba	lto.	'd.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RES 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT. TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OI PRIOR TO BURLAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CON	OITIONS <u>CO</u>	ONTRIBUTING TO DEATH	BUT NOT RELAT	TEO TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PART	1 (a).						
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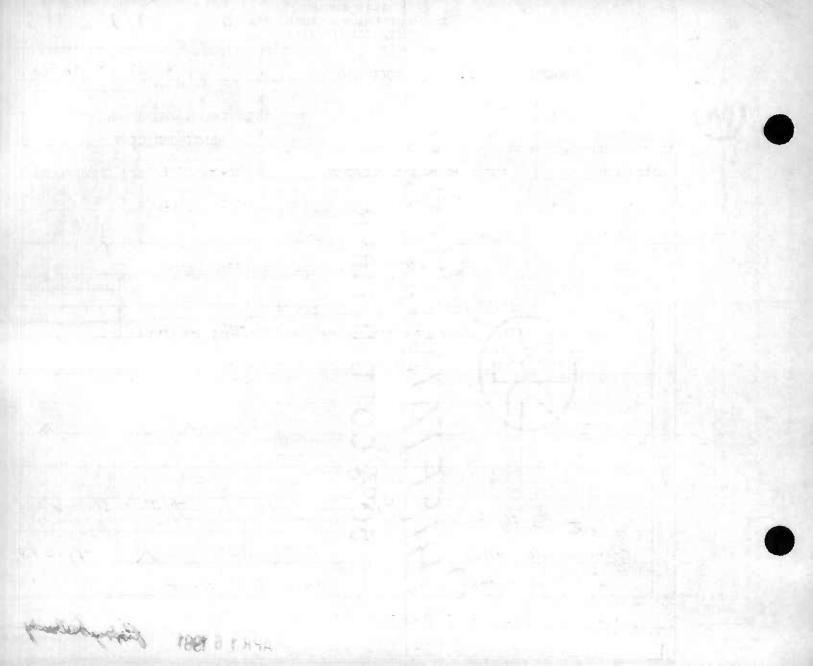


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V	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH		G. NO.	9 /	1 3
	DECEASED NAME	FIRST		MIDDLE	L	AST	2a. DATE OF DEA	TH MONTH DA	AY YEAR 2h	HOUR
t oo	(TTPE OR PRINT)	ADOLPH	1	J.	ESCUI	DEDO	1.00	4 15	8116	50 M
0	. SEX		4. RACE	0.	5. DATE O		6. AGE (IN YEARS EA	AST BIRTHOAY)	1 9 0	UNDER 24 HRS
46.0	Male	1.1	White		oct.	8,1926 YEAR	54	YRS.	ONTHS DAYS HO	JURS MIN.
10	O. BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
35	Maryland	1	US	A	WIDOWE		BALT	IMORE CI	TY	MD
70 10	CITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCL	JPATION	12b. KIND OF BU	USINESS OR
3/4	BALTIMORE	1		ON MEMORI		SPTTAT.		AOST OF WORKING LIFE) Finisher		nation
3 1 H	SUAL RESIDENCE (	IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)				CONSCI	UCLION
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3	yes	WW	2	216-20-4	023	Mr. Dennis N	AcCollum_	same		
t, th	18. CAUSE OF I	DEATH (Enter only	ly one couse per	r line for (o), (b), or	nd (c).)				APPROXIMATE BETWEEN ONSE	T AND DEATH
ewo	PART I. DEA		E CAUSE (D)	Blood	033 .					
or r	571	2	DUE TO O	R AS A CONSEQU	ENCE OF					MARK.
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	Conditions, if	ony, which	( 1b)	Mastrik	s and	abnormal .	elotting ,	factors		
ar tra	gove rise to		(b)_	Mastrik	s and	abnormal	elotting j	factors		
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orial, cremati	gave rise to couse (a), underlying	simmediate stating the couse last.	(c)_	R AS A CONSEQU	Alcoho	he hives de	sease		N IN PART 1/p	
y, ar	gove rise to couse (o), underlying	simmediate stating the couse last.	(c)_	R AS A CONSEQU	Alcoho		sease		N IN PART 1(0)	
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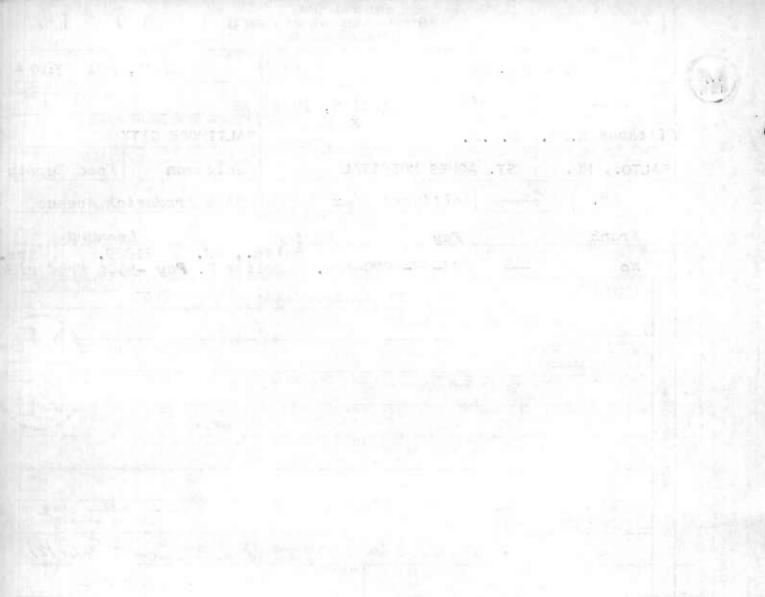


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Carmen 19 81 Vincent DEATH MATED Faloni 5. DATE OF BIRTH 26. HOUR 9 . 57 A. M SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE PRONOUNCED Male White May 2,1936 44 DEAD YRS 1981 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) Baltimore City Maryland USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Painter OR INDUSTRY Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13. STREET ADDRESS 238 S. High Street Baltimore Md. YESTA NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Scitinska LAST Faloni Agnes A. Vincent 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Agnes Faloni 8000 Hillendale Rd. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF Iving cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10'. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO ! DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 216 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a. I certify that I took charge at the remains as abed above; held an Autopy/ and in my apinion death resulted from Homicide L Undetermined manner THE ISPECIFY! DATE 4/26/81 Deputy Chief MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street, Baltimore, MD.21201 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23r NAME OF CEMETERY OR CREMATORY COUNTY STATE April 30,1981 Moreland Memorial Burial Baltimore Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Leonard J. Ruck Inc. "Baltimore, Maryland VR A15 ME (5) 15M 2/80

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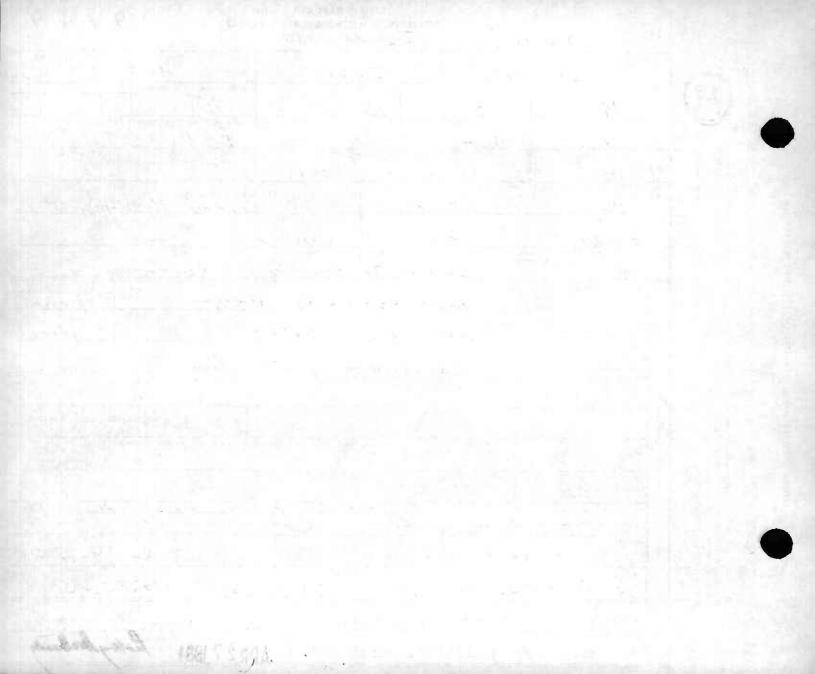
	1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG		0 9	1	1/
(		CEASED NAME FIRST	LIAM M. F'AY	E	LÄST	-	REG. N  20 DATE OF DEATH  Arm	MONTH DAY		26. HOUR 7:20
M	3. SE	Male	4 RACE Whit	е	S. DATE OF BIRTH  April 5.	1903	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNI	DER I YEAR	IF UNDER 24 HR
in 72 less	Pi	RTHPLACE (STATE OR FOREIGN COUNTRY) BUrgh, Po	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIED & NEVER	R MARRIED DIVORCED	BALTIMORE CITY C	OR COUNTY OF	EATH	
by the for iled within	1	LTO., MD.	11. NAME OF HOSE (IF NOT IN SUCH FAC ST. AG	NES HO	S HOME OR OTHER IN		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesma	OF WORKING LIFE)	L KIND OF	Supp
filled in aud be		AL RESIDENCE (IF NURSING HOLDSTATE Md. 136 C		RESIDENCE BEFORE A CITY OR JOWN ALTIMO		CITY LIMITS?	130. SIREET ADDRESS 5406 Fr			
and 2 sh	14 F/	ATHER'S NAME FIRST Frank	WIDDLE	Fa <b>u</b>		R'S MAIDEN NA FIRST artha			naro	
n and co Pages 1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	C CIVE WAR OR DATECH	SOCIAL SECUR	RITY NO. 17. INFORM	MANT Balt	o., Md. ADDRI line T. F	ESS 21220	9.	A
ation ation		Conditions, if any, which	h ( ib)							
been signed by the nit. Then please ren rriar ta burial, crem iny injury, ar ather i	ATION	gove rise to immediate couse (a), stating the underlying couse last PART 2. OTHER SIGNIFICA	DUE TO, OR AS  (c)  NT CONDITIONS CONTR	RIBUTING TO DI				20b. IF YES, WEI	RE FINDING	GS USED
sician.  ste has been signed by the sit permit. Then please ren ygene prior to burial, crem shows any injury, ar ather to	ERTIFICATION	couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICA	DUE TO, OR AS  (c)  INT CONDITIONS CONTR  19b. CONDITION	RIBUTING TO DI	EATH BUT NOT RELATE	ORMED	200. AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDING	GS USED
attending physician.  ter this certificate has been signed by the is the burial-transit permit. Then please ren h and Mental Hygiene prior ta burial, crem riked or them 18 shaws any injury, ar ather the description of the individual or the indivi	MEDICAL CERTIFICATION	couse (a), stating the underlying couse last	DUE TO, OR AS  (c)  INT CONDITIONS CONTR  19b. CONDITION  G	FOR WHICH COUNTY MONTH DAY	DPERATION WAS PERF	ORMED	20a. AUTOPŠY?	20b. IF YES, WEI IN CERTIFYING YES PART I C	RE FINDING	GS USED OF DEATH?
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(M)	3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
0 1 19		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	Baltimore City o		MD.
11/1/9	10 C	TY OR TOWN OF DEATH  Salto.	(IF NOT IN SUCHEACILITY, C		HOSP.	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		F BUSINESS OR
AND 212	13405	AL RESIDENCE (IF NURSING HOME O TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDE NTY 13c. CITY	OR TOWN	13d INSIDE CITY EIMITS?	13e. STREET ADDRESS	Mountmor	ct.
MARYL ted within		THER'S NAME FIRST  Edgar	MIDDLE Fel	LAST .	15. MOTHER'S MAIDEN NO.	MIDDLE	LAS	
be execution and construction and constr		VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOC VE WAR OR DATES) 243	1AL SECURITY NO. 1-01-1672	Rose Fee	0 851	George Si	4
N ST., BALT certificate b ing physicia rrbanpopers rr removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI		up RROSF	RATIORY A	RR55-T	BETWEEN C	MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2120 ING PHYSICIAN. The law requires that the deoth certificate be executed within 24 four ratending physician and campietely filled in both the certificate has been signed by the attending physician and campietely filled in both the buriol-transit permit. Then please remove carban popers. Pages, and 2 should be fill the and Mental Hygiene prior to buriol, cremation, ar removal.  The control of them 18 shows any injury, ar other troumatic event, the medical examinar mest permit arked or them 18 shows any injury, ar other troumatic event, the medical examinar mest permit.	100	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUI TO, OR AS A CO	nerclize	1 11.	ling	7.	ens.
requires requires en signe t. Then pl for to bury	TION	PART 2. OTHER SIGNIFICANT				MINAL DISEASE OF CONI	DITION GIVEN IN PAM 110	ICE LISED
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TEN or us or us or us 23 is		27a I certify that (I) this hasp sow the decrased alive of above (I) (We) and (did no	18. 2.	19 <u>P</u> 1 , o	nd that in (my (our ) pinior	to	ete and hour and from the	
TAL OR AT y the hosp RAL DIREC: detoched f tote Dept. or		22b. SIGNATURE	and gu	0		MEDICAL STAF	FIAND 4-2	21-21
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60/BP	(	Burial, CREMATION, REMOVA Burial	1 236. DATE 4/27/81		EMETERY OR CREMATORY VIEW Mem. P		sville. Md	STATE
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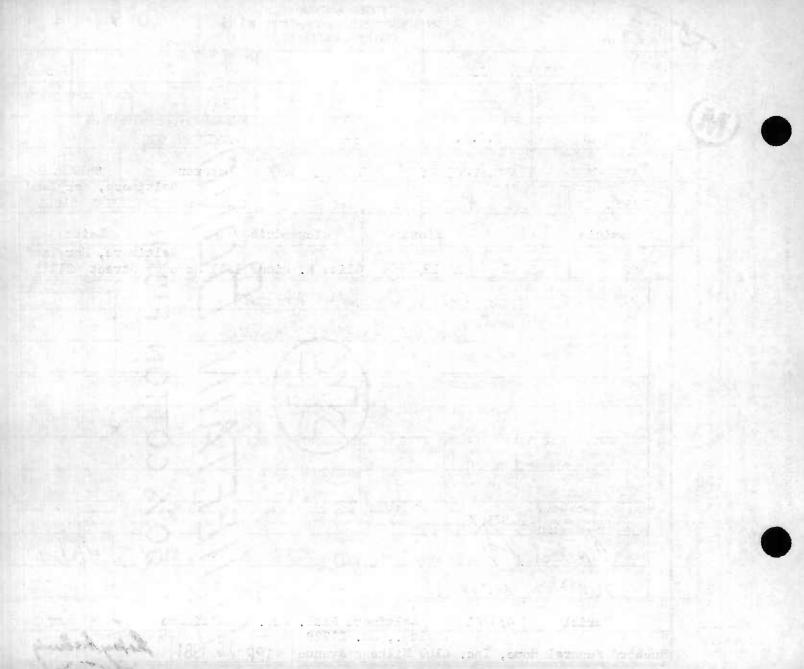
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noy be		Isabe	lle	1500	F	iggs	2	April 19,	1981		12:33 A
4 mo	3. SE		4. RACE		5. DATE C		*6°9	6. AGE (IN YEARS LAST BI	RTHOAY)	IF UNDER 1 YEAR	HOURS MIN.
D 5	7 0	Female		gro	/	22	22	-00	YRS.	OF DEATH	
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ertely 2 sh	14. F/	ATHER'S NAME FIRST	MIDDLE	TZAI		15. MOTHER'S M					
AN Polar 3500		Phillip	G	arrett		Ann	ie	B.		Hall	
MORE, e execut n and co Pages 1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b. SOCIAL SEC 217-2:	CURITY NO. 2-491	17. INFORMANT A Odel		Johnson		Teren	ce Dr.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the this certificate has been signed by the ottending physician and completely filled in the soft he buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should the fill the and Mental Bygiene prior to buriol, cremation, or removal.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, O	OR AS A CONSEO	OUENCE OF	oma of the			IDITION GIVE	EN IN PART 10	0)
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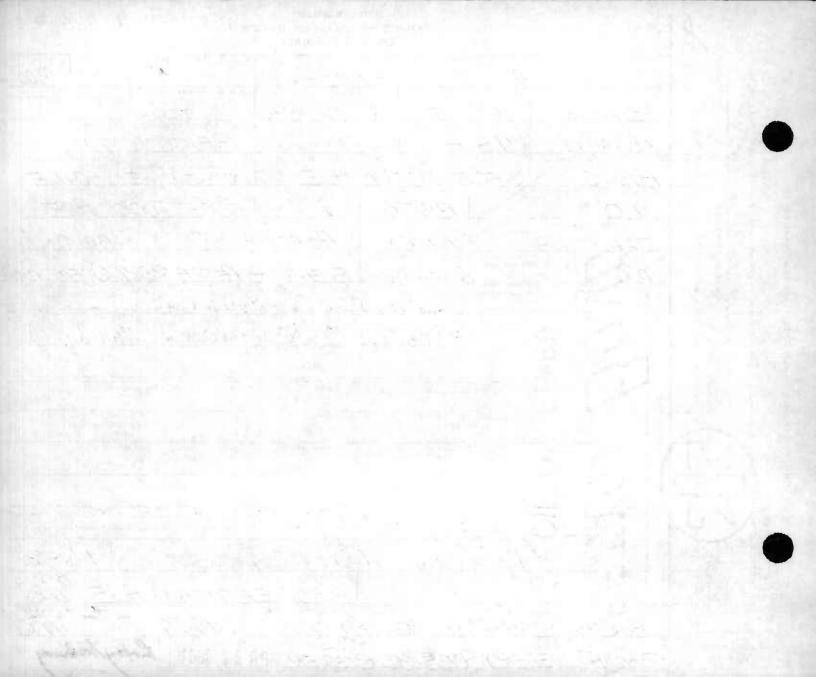
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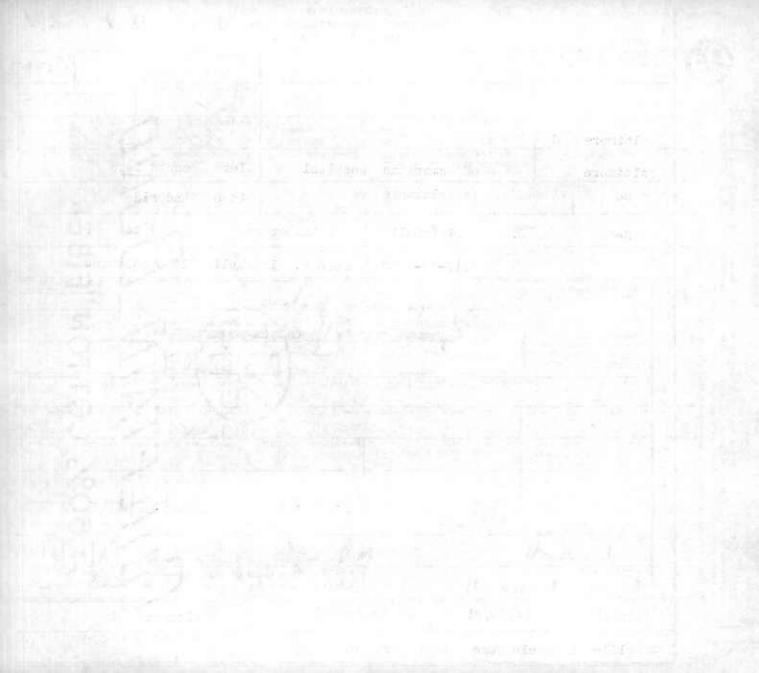


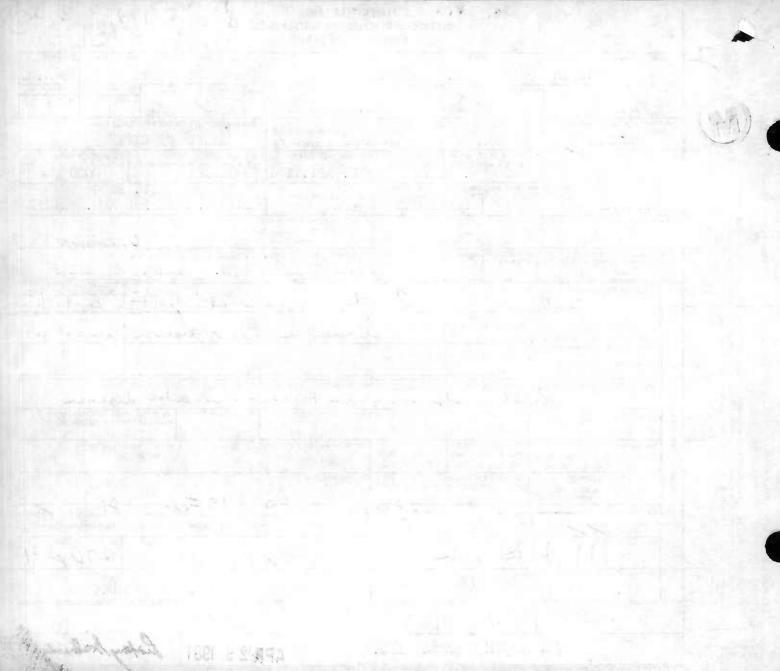
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	TION						
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20 IN YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2]	
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		220.1 certify that (1) (this haspital	attended the deceased from	6/17-1059	5 10 ch / 1	7 19 8 that (1) (we) lost	-
		sow the deceased alive an above, (I) (we) tidd) (did not),	1/10/ 19	and that in (my) (per) opinion	deoth occurred on the date of	and hour and from the couses stated	
E B		22b. SIGNATURE	view the pody offer death.	DEGREE	,	224. DATE SIGNED	-
₾		M	1 UNEWS	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/81	
Z Y		22d. PHYSICIAN'S NAME (TYPE OR PR	RINT)	22e ADDRESS		Brato	5
MPORTANT				13400 E	ROMAN	HUE, MY	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	1
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DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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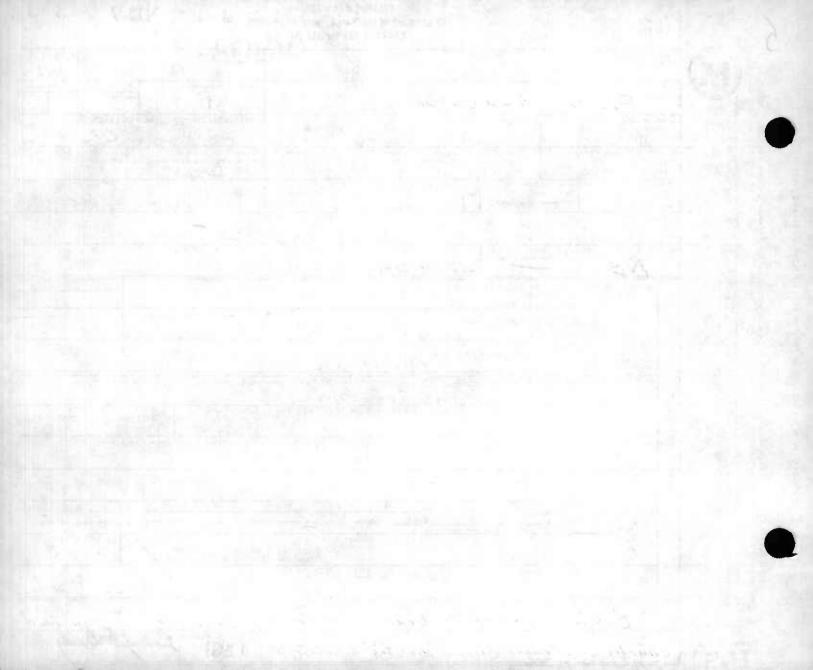
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	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	09/30
· (PA)	1. DE	CEASED NAME FIRST	MIDDLE	LAST	Ze DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
yem od yem	3 SE	Eltow	A RACE	Fletcher Is DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
ige 4 m sctor s af	3 25	Fennle	CAUCASIAN	MONTH DAY YEAR OZ 23 00	81 YR	MONTHS DAYS HOURS MIN
h. Pa I dire hour hour		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
funera nin 72		MD	USA	WIDOWED DIVORCED	Baltimor	re City ,
by the fued within	10 C	Satimeve	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STORET SOUTH BUILT. CF		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUDELD &	G LIFE) INDUSTRY
hin 24 hou filled in build be file	USU 130	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION)	13e STREET ADDRESS	E STREET
npletely od 2 sho	14 F	ATHER'S NAME 1 Har ven	MDDLE Clark	15. MOTHER'S MAIDEN NA FIRST NN 12	Briedner	LAST
ian and con Pages 1 ar.		WAS DECEASED EVER IN U.S. AR YES, NO OB UNKNOWN) (IF YES, GIV	F WAR OR DATES)	3848 Patients	Chant ADDRESS	
equires that the death certificat signed by the attending physicis n please remove carbon papers. burial, cremation, or removal. injury, or other traumatic even		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	A NCE OF KIC CNEYP.	help pal	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT
The law responsible to the specific the perior to the perior to the shows any	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	Clune	DEATH BUT NOT RELATED TO THE TERM LONG OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ENDING PHYSICIAN: The ratending physician.  DR: After this certificate hase as the burial-transit permitel than Mental Hygiene is marked or Item 18 sho		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.		RED (ENTER NATURE OF INJUSY IN ITEM	18, PART 1 OR PART 2)
DING PHYSICI, ttending physici. After this certifi is the burial-trans the and Mental H marked or Item	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ALOH ATTENII the hospital or at AL DIRECTOR: tached for use as te Dept. of Healt IT: If Item 21 is 1		sow the deceased alive or	ot) view the body ofter death.	, and that in (my) (aur) opinion	deoth occurred on the date and	hour and from the causes stated
HOSPITAL CO		Chends & M	huht	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	4 16 21
TO HOSPITAL TO FUNERAL Should be deter with the State I	220	Scheck	ter	South Same of CEMETERY OF CREMATORY	Bout more (	seneral Haspite
BP	230	BURIAL, CREMATION, REMOVAL (SPECKY) BURIAL	15 61	oudan In all Comet	CITY OR TOWN	COUNTY STATE
DHMH-16 25M	24. F	UNERAL DIRECTOR	ADDRESS	150 - 25e. DA	TE REC'D. BY REGISTRAR 251 PEC	CATRAR' CHATLIRE
IVRA 15, 4) 1/79	10	Charles L. STe	Vers FureRAL Ho	- C, Las E, rest Har	2 2 U 1301	/



. 8	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	9 7 3 1
oy be ooge 3 deoth		CEASED NAME FIRST	MYER	WOLL WOLL	_	FLIEGEL	2a. DATE OF DEATH MONTH	DAY YEAR
ge 4 moy ector. pog ns ofter de	3. SI	× ALE	4. RACE	ніте	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Trong dir	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)  ARYLAND		SA	8. MARRIEI WIDOWE		9. BALTIMORE CITY OR COUN BALTIMORE CI	TY OF DEATH
S offer of the filed with	E	ALTIMORE	(IF NOT IN	SUCH FACILITY, GIVE STREET UNIVERSIT	Y HOS	P.	120, USUAL OCCUPATION TYPE OF WORKING CREDIT DEPT.	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HECHT CQ.
within 24 hou is 2 should be in inner rouse be	13a N	AL RESIDENCE (IF NURSING HOME O STATE ARYLAND	R OTHER INSTITUTH NTY	ON, GIVE RESIDENCE BEFORE 13(. CITY OR TOW BALTIMO	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. 3103 BANCROFT	RD., APT. E
MARYL mpletely ond 2 si	14 F	ATHER'S NAME TSAAC	WIDDLE	FLIEGEL		IS. MOTHER'S MAIDEN NA MTRIAM	WE	#21215 UNKNOWN
BALTIMORE, or cote be execute system and cot oppers. Pages 1 vol.		(YES, NO OF UNKNOWN) (IF YES, GI	RMED FORCES VE WAR OR DATES				. LILLIAMORISIEG T RD., APT. E	BALTO., MD 2121
W. PRESTON ST., of the deoth certific by the ottending ph se remove corbon pr cremotion, or remo		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO,	Respirat ORASACONSEQUE ORASACONSEQUE	NCE OF	Arrest Colonic Car	einoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 2 3 5
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DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN. The low requires the ottending physicion.  frer this certificote has been signed be os the buriol-tronsit permit. Then pleo th and Mental Hygiene prior to buriol, and Mental Hygiene prior to buriol, and mental B shows any injury, or a contract of the contr	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING ALSO FOR LIFE EITHER NOTIFY MEDICAL EXAMINED AT WORK AT WORK AT WORK	ATH HOUR	OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, FA	19	21c. HOW INJURY OCCURP 21f. LOCATION STREET	YES NO RED (ENTER NATURE OF INJURY IN ITEM TE	YES NO COUNTY STATE
AL OR ATTENDIO 7, the hospital or AL DIRECTOR: A detached for use ofe Dept. of Heal		22a. I certify that (!) (this hosp sow the deceased alive or above, (!) (we) (did) (did not 22b. SIGNATURE	ot) view the boo	dy other opath.	[	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	our ond from the couses stoted  22c. DATE SIGNED
730 <sup>BP</sup>		SNO W BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR SOL	23b. DATE 5/1/	81 C	HIZUK	EMETERY OR CREMATORY  AMUNO	23d. LOCATION CITY OF TOWN BALTIMORE	COUNTY STATE MARYLAND
DHMH-16 30M 2/80 (VRA 15, 4)	100	010 REISTERSTON		ON & BROS.		25a. DATI	REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

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10	1.	STATE REGISTRAR	DEP		ICATE OF DEATH	REG. NO	o.	
1 6		CEASED NAME FIRST KATHER	INE E,	FL	YNN		15, 1981	344 P M
	1. SE	Female	4. RACE WhiTe	5. DATE (		6. AGE (IN YEARS LAST BIR	THOAY)  IF UNDER 1 YEAR  MONTHS DAYS  YRS.	IF UNDER 24 HRS HOURS MIN.
4 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.
offer of		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE THE UNION MEM	URSING HOME (	OR OTHER INSTITUTION	12ª USUAL OCCUPATION OF WORK FOR MOST OF	ON 126. KIND ( F WORKING LIFE) INDUSTRY	OF BUSINESS OR
ND 2120	₩SU 13a.	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	DR OTHER INSTITUTION, GIVE RESIDENCE JINTY 136. CLTY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	FORT AVE.	
MARYLA ed within mipletely and 2 sh	14 F	ATHER'S NAME FIRST HENRY	MIDDLE SKE!	Tey	15. MOTHER'S MAIDEN NA	ME	Read	
IMORE,			IVE WAR OR DATES)	SECURITY NO.	Michael P.	Flyna 34 E	SS FORT AVE	
of W. PRESTON ST., it that the death certific d by the attending phy lease remove carbon po- ial, cremation, or remov or other traumatic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS  DUE TO, OR AS A CONS  (b) ISC  DUE TO, OR AS A CONS  (c) Rena	sequence of orecto	ecrotizing ( I abscess ure	cellutetis		
ORDS, 20 requires een signe it. Then pl ior to buri	NOIL	Disseminated 19a DATE OF OPERATION	intravassules	e coage	logathy			
At REC	CERTIFICATION			HICH OPERATIO		200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE YES [	NGS USED S OF DEATH?
TYSICIAN: The ding physicic sertificate ourial-fransit mental Hygie in them 18 should be a sertificate our tem 18 should	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1 OR PART 2)	
DIVISION OF DING PHYSICIA or attending pil Affer this certific e as the buriefle of the and Mental	MEC	WHILE NOT WHILE AT WORK	I AT HOME, STREET, FACTORY, O		STREET	CITY OR TO		STATE
TTENG Pital TOR: for us of Hee				19.8/_,0	nd that in (my) (arr) apinion	death occurred on the do		
Shep he he		Sohn W	1 Bawie	mo		MEDICAL STAF	F //	SIGNED
TO HOSPITAL of resolved by the TO FUNERAL should be detail with the Store Elimportant: If		JOHN W. B	OWIE	394	22e ADDRESS 201 E. UNIV		VAY	
) 30 2 BP		BURIAL, CREMATION, REMOVA	1 23b. DATE 4-18-81		EMETERY OR CREMATORY  VEG MENGRIAL PAR			ery/my d
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR  NAME  N	Fuserni Herse	RESS TAC, 1501	E. FERTHIR AP	R 2 0 1981	256. REGISTRAR'S SIGNA	TURE

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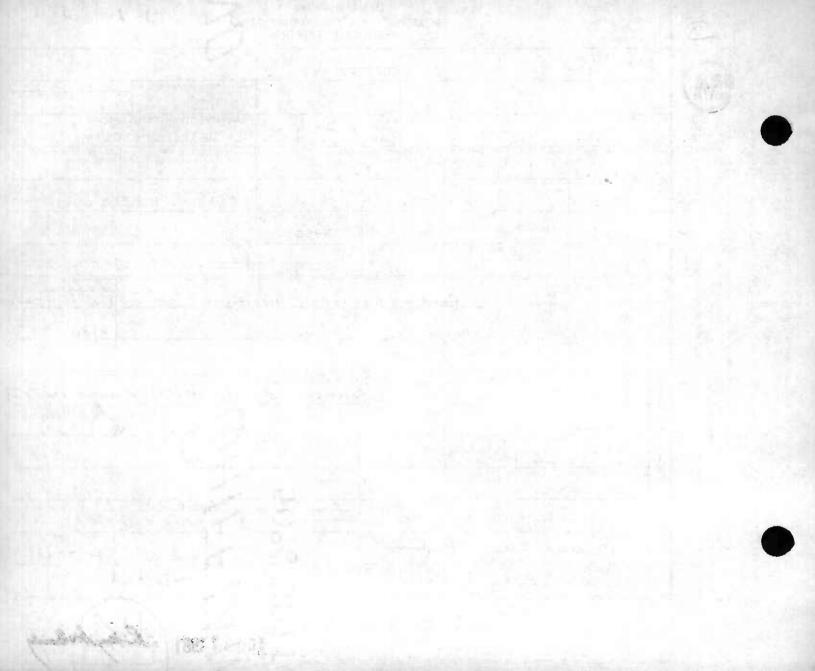
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	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
9 5	Bar.	by Girl 7	ForTaine	for	9 8/ 11:17 AM
3. SE	x T	RACE S. DATI	OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS
7009	IRTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	pr 7 81,	9. BALTIMORE CITY OR CO	YRS. 922
5 8	COUNTRY) Md	U.S.A WIDON	VED NEVER MARRIED NEVER MARRIED	BALTIMORE	CITY
9 /	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
7	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ST AGNES HO		THE OF WORK FOR MOST OF WOR	KNING LIFE)   HNDOSTRY
	STATE 136 COU		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
-	ATHER'S NAME	SALISBURY	YES NO 15. MOTHER'S MAIDEN NA	426 Keene A	ve. 21801
7520	MAITLAND \	MIDDLE FORLING	MARLO	PODIE	Food of Oc.
D 160.	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO	17 INFORMANT	ADDIESS	21801
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er fro	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	or present		34 C May 32 11 18
to o	underlying couse lost.	(c)		Name of the last	
N N	7.11	CONDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	1 + 1-17 5	ON GIVEN IN PART 100
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	20g. AUTOPY? 20b	IF YES, WERE FINDINGS USED
or Item 18 shows only in	The state of the s			YES NO	CERTIFYING CAUSES OF DEATH?
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	R) P.M. 19	21f. LOCATION		
	T suewrood T spens	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET STREET	CITY OR TOWN	COUNTY STATE
s mork	27s.1 certify that (this hosp	ital) attended the defensed from	18/ 19	10 4/9/	10 that # (we) last
	sow the deceased alive on above. (f) (e) (did) (did)	al) view the book after death.	and that in (my) ( opinion	death occurred on the date o	nd hour and from the couses stated
# # # # # # # # # # # # # # # # # # #	276 SIGNATURE	, 1	DEGREE ATTENDING	MEDICAL STAFF	22L DATE SIGNED
	22d. PHYSICIAN'S NAME ITTE	and 1	PHYSICIAN [	DIRECTOR PHYSICIAN	4/2/8/
IMPORTANT	D. CR	ANCELY	900 CATON	AVENUE BALT	IMORE MD 21229
₹ 230.	BURIAL, CREMATION, REMOVAL	. 23h. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION Sha	ratown
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2/80 24 F	UNERAL DIRECTOR	Ela Ays, Walson	250. DAT	E REC'D. BY REGISTRAR	EGISTRAR'S SIGNATURE
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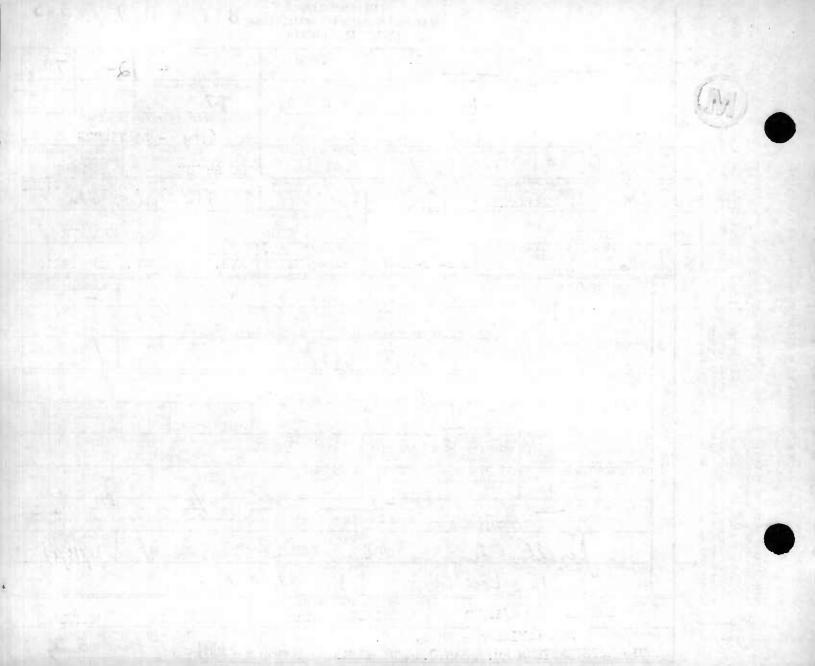
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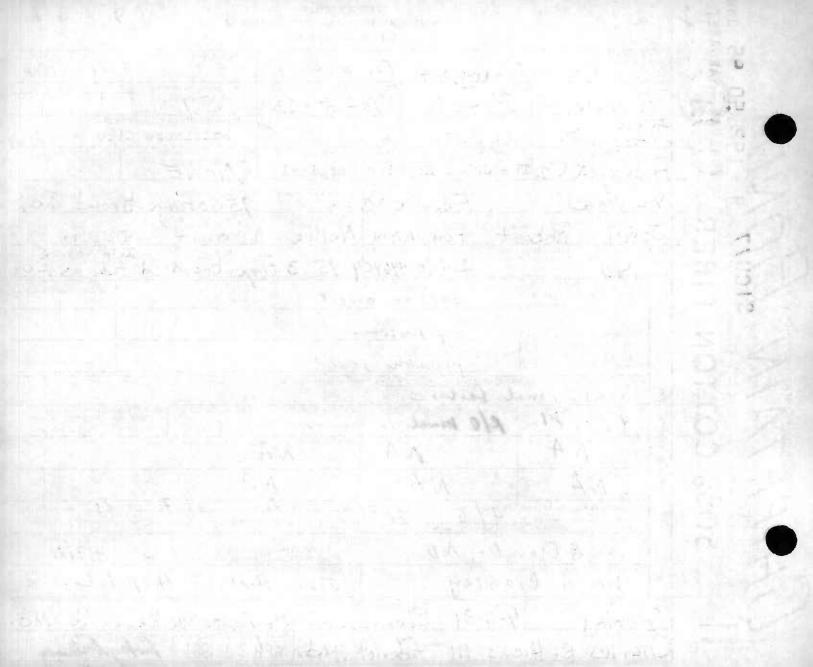


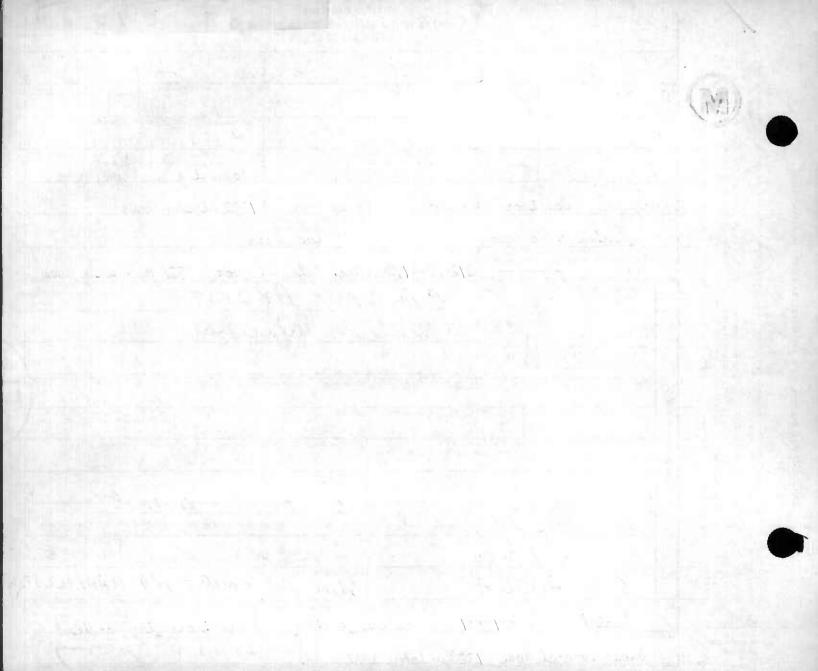
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	1.	FOR STATE REGISTRAR			TOF HEALTH AND MENTALERTIFICATE OF DEATH	HYGIENE O	40.
J		CEASED NAME FIRST	SADYE MIDDLE	S.	FORD	20. DATE OF DEATH	4 12-81 7 19 p. M
ige 4 moy	3. SE	femili	1. RACE Whik		DATE OF BIRTH  MONTH  DAY  YEAR		MONTHS DAYS HOURS MIN.
death. Page	1	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT	7 W	ARRIED NEVER MARRIED	a City	OR COUNTY OF DEATH  - BALTIMORE MD.
offer of the	10 C	Bulton My		ITAL, NURSING H	OME OR OTHER INSTITUTION ESS)	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIFI	OF WORKING LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in and 2 should b examiner must be	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION, GIVE R		13d. INSIDE CITY LIMIT YES NO []	S? 130. STREET APPRESS	Park Hizly fur.
	14 F/	ATHER'S NAME FIRST MORRIS		SONNER		EAH	KELLNER
BALTIMORE, cote be execu-			VE WAR OR DATES	2-32-234		ALVIN FORD ADDR TNEY AVE.	BALTO., MD 21215
PRESTON ST., 8AL he death certificate he attending physici emove carbon papes mation, or removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI MAMEDIA Conditions, if ony, which gove rise to immediate	ED BY: TE CAUSE (¤)	10	esystole		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PR es that the ned by the please rem urial, cremc		couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	(c)	CONSEQUENCE VALLE	that Meetin	TEDANINAL DISEASE OR CO.	NOTION GIVEN IN PART Vo
RDS,	NOIL			arum	- regative Menin	pho chi	
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL RING PHYSICIAN: The later this certificate hos os the burial-transit per th and Mental Hygiene orked or Item 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M.	MONTH DAY	YEAR 19	CCURRED (ENTER NATURE OF INJ	iury in ITEM 18 PART 1 ORPART 2)
DIVISION TO OFFICE THIS OS THE BUILD ON THE	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY OFFICE, FARM,	21f LOCATION STREET	CITY OR T	OWN COUNTY STATE
OR ATTENDO e hospital or DRECTOR: A oched for use Dept. of Heal		27a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did n	4/13	19		inion deoth occurred on the	date and hour and from the causes stated
ITAL OR by the hor sale of the control of the contr		22b. SIGNATURE	the Len		DEGREE ATTENDIN PHYSICIA		AFF ICIAN D  22c. DATE SIGNED  4/3
TO HOSPITAL Cretained by the TO FUNERAL Eshould be deton with the State Classification of the Total Classification		Tonat	han Levi		Sinas Ho		Ne
272CBP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	4/15/81	BAI	E OF CEMETERY OR CREMATO TIMORE HEBREW	BALTI	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR SOL 1	LEVINSON & DWN RD. BA			APR 2 2 1981	R 255. W ISTRAR'S SIGNATURE

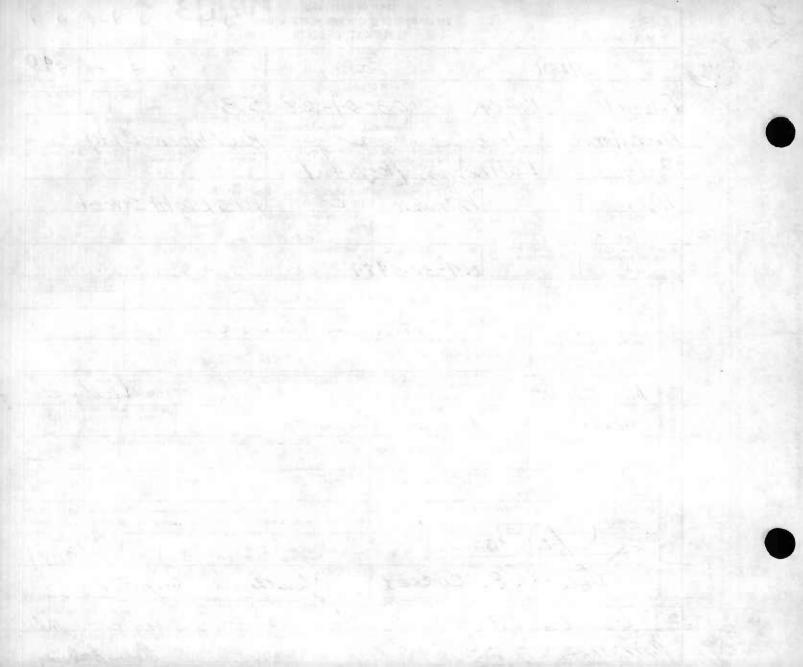


(VRA 15, 4)





3	1-	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0	9 7	3 9
	1. DEC	CEASED NAME FIRST	MIDDLE		LAST	REG. P		YEAR	2h HOUR
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tor, page after deat	3 SEX	,	1 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER I YEAR	F UNDER 24 HRS HOURS MIN
director ours aft	-	ZMA /-C RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	03-09-28	9 BALTIMORE CITY	YRS. OR COUNTY C	F DEATH	
death 72 h	m	ary land	USA		MARRIED NEVER MARRIED WIDOWED DIVORCED	Button	pore C	1/ty	M
uns after by the fuel within	B	altimore	11. NAME OF HOSPIT.  I IF NOT IN SUCH FACILITY  LUTTURE		HOME OR OTHER INSTITUTION  PRESS!  HOSDI +a!	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)		F BUSINESS OF
filled in line my	USU/ 130. S	TATE 136 COL	OR OTHER INSTITUTION, GIVE RES	TY OR TOWN	131. INSIDE CITY LIMITS?	130 STREET ADDRESS	ohto	trea	L
d with	14. FA	THER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE		LAS	т
L comp	lée. W	/AS DECEASED EVER IN U.S. A		OCIAL SECURI	YNO 17 INFORMANT	NOW A ADDI	ĖSS		
be e and ages			INE WAR OR DATES)	9-30	5489 Richar	d Benzes	1570	6.11	Ford A
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death cert ending ph carbon pa on, or rem traumatic	1	7854	DUE TO, OR AS A	CONSEQUEN	RE OF S	0 0			
the atte		Conditions, if any, which gove rise to immediate	(b)	F	elevery a	uefolisin			-
that the control of t		cause 101, stating the underlying cause lost	DUE TO, OR AS A	CONSEQUEN	CEOF				
requires signed l en pleas o burial	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DE	ATH BUT NOT RELATED TO THE TER	3 /	- 0	IN PART 1	ure-
e law ra	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH O	remarks performed	2 burie (	20h. IF YES, Y	VERE FINDIN	NGS USED
e ha	TIFIC	4/6/81	9a	ngrer	e (R) Shump	YES NO	IN CERTIFYI	NG CAUSES	OF DEATH?
SICIAN ysician. ertificat transit p tal Hygia		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	SEATH HOUR A.M. MI		YEAR	PRRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PAR	I OR PART 2)	
DING PHYSICI. ttending physici After this certif s the burial-trans th and Mental H marked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 214, INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION STREET				
DING ttendii After s the b th and marke	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	TORY, OFFICE, FAR	A, ETC }	CITY OR TO	WN	COUNTY	STATE
TTEN al or a TOR: TUSE a f Heat	O.	220.1 certify that (1) (this has sow the deceased alive o		osed from		n death occurred on the	lote and hour o		that (I) (we) los
DIRECT HERMAN		above, (1) (w/) (did) (did) 22b. SIGNATURE	(at) New the body after de		DEGREE			22c DATE	
AL He Fac		A.	lyveleau		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	4/	9/8/
TO HOSPITAL retained by the TO FUNERAL should be detacted with the State IMPORTANT:		PELAY	ORPRINT) E. C	CORR	220 ADDRESS hu	theron ,	Hospi	Til	
	23a. B	URIAL, CREMATION, REMOVA	AL 23b. DATE	23c NA	ME OF CEMETERY OR CREMATORY	234 LOCATION	1 00	YTAUC	STATE
BP	24 FI	DUR. A	4-13-81	m	1. CATVERY CE	M. G/E/I	BULLA 125h REGISTO	P'S SIGNAT	Ma
DHMH-16 25M (VRA 15, 4) 1/79	1	NAME I'M Y	Betts	ADDRESS		MDD A AW \$001	R	Ga. A.	Rade



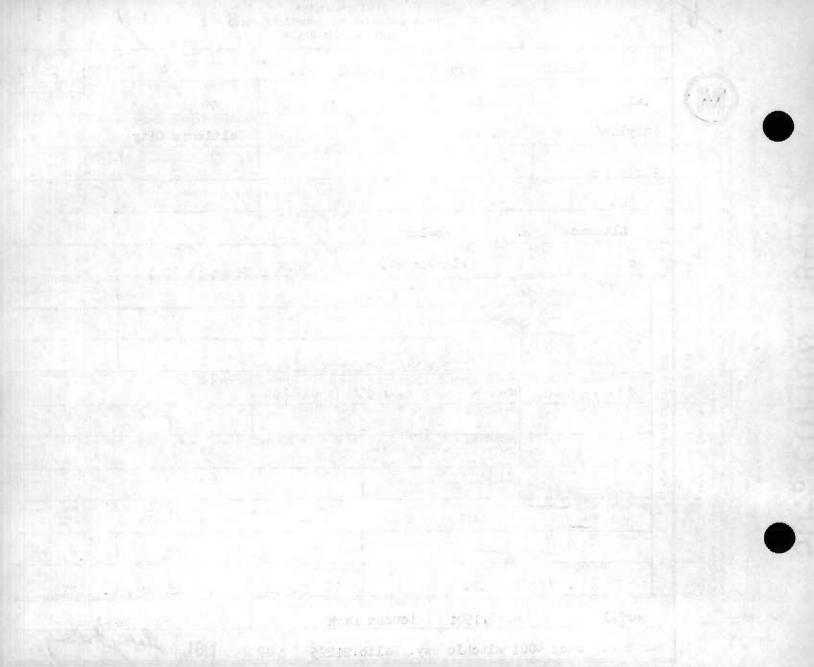
FOR

(VRA 15, 4)

BALTIMORE ST AGNES HOSPITAL

A SERVE NO CATON AVENUE PALTIMORE NO 21229

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



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moy be

	- STAT	E STRAR		DEPAR		E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	0.	7 /	
	DECEASE TYPE OR PRIN			MIDDLE	1	AST	20. DATE OF DEATH		OAY YEAR	26 HOUR
,	TITE OK FRIN	Mary		E.	Fra	anklin	April 27.	1981		12:15
3.	SEX		4. RACE	Will Sell D	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIE		IF UNDER 1 YEAR	IF UNDER 24 H
1	म	emale	Black		MONTH	11 1900	80	YRS.	MONTHS DAYS	HOURS
70	. BIRTHPL	ACE (STATE OF FOREIGN		WHAT COUNTRY	Y? 8.		9. BALTIMORE CITY	R COUNTY	OF DEATH	
1	Virg		U. S	. A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore	City		
10		TOWN OF DEATH	NAME OF	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS
В	alti	nore	(IF NOT IN SU	ch facility, give stre	EET ADDRESS)	agni tal	(TYPE OF WORK FOR MOST O	OF WORKING LIF		
				GIVE RESIDENCE BEFO		ospitai	Domestic			Family
13	30. STATE	III. COU		13c CITY OR TO	NWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	aryla			Baltimo	re	YES NO	2121 Winds	or Gar	rden La	ne
14	FATHER'	FIRST	MIDOLE	LAST		15. MOTHER'S MAIDEN NAM	WIDOLE		LA	ST
9		orge	3536	Scott		Patie			Scot	t.
16		ECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDR	Balt.	o.,Md.2	1215
	No	(II 125, OF	TE WAR OR DATES;	214-16-	6583-A	Mrs.Leonora	Parrich 1150	7 Fair	mart our A	TOTA
	gov	ditions, if any, which erise to immediate e (a), stating the	DUE TO, C	Pancrea DR AS A CONSEQ	QUENCE OF					
- Total	gove cous unde	ditions, if ony, which e rise to immediate e (a), stating the erlying cause lost.	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C	OR AS A CONSEQUENCE ON TRIBUTING TO	QUENCE OF QUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES	S, WERE FIND	INGS USED
	gove cous unde	ditions, if any, which a rise to immediate e (a), stating the erlying cause lost.  2. OTHER SIGNIFICANT (	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C	DR AS A CONSEQUENCE ON TRIBUTING TO	QUENCE OF QUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDS FYING CAUSES	INGS USED
	PART OR CEKING	ditions, if any, which is rise to immediate (a), stating the erlying cause lost.  2. OTHER SIGNIFICANT (COLORED WAS UNDERLYING CAUSE OF DELITHER, NOTHER MOTIVALE COLORED NOT WHILE COLOR TO THE COLOR TO	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  19b. CONE  17b. TIME C  HOUR ATH  P  21b. PIACE	OR AS A CONSEQUENCE ON TRIBUTING TO	QUENCE OF  QUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDS FYING CAUSES	NGS USED S OF DEATH? NO
	90vi cous undit	ditions, if any, which erise to immediate (a), stating the erlying cause last.  2. OTHER SIGNIFICANT (CIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF DELITHER, NOTHEY MEDICAL EXAMINE! NJURY OCCURRED EN AT WORK  Certify that (b) (his hospow the deceased alive an ibove, 16) (we) (did Model incomplete and incomp	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  198. CONE  198. CONE  218. FIME ( ATH HOUR A  P)  218. PLACE (ATHOME, S'  ital) offended t  April	OR AS A CONSEQUENT ON TRIBUTING TO ONTRIBUTING TO OTTON FOR WHICH OF INJURY MAN MONTH MAN	QUENCE OF  QUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  19  19  10  10  10  10  10  10  10	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  25 19 87  d that in (**) (aur) opinion of the complete	200 AUTOPSY?  YES NOW  ED (ENTER NATURE OF INJU-	20b. IF YES IN CERTIFY YE RY IN ITEM 18. F	S, WERE FINDI YING CAUSE: S D PART I OR PART 2)  COUNTY  19 8 1  21 ond from the	NGS USED S OF DEATH? NO STATE
	PART Und. Part WEIGHT Programme Prog	ditions, if ony, which is rise to immediate to [0], stating the prelying couse lost.  2. OTHER SIGNIFICANT (  ATE OF OPERATION  CCIDENT WAS UNDERLYING DITTING THE CONTRIBUTING CAUSE OF DE. THERE, NOTHY MEDICAL EXAMINE! OF THE CONTRIBUTION OF THE CONTRIB	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  19b. CONE  19b. CONE	OR AS A CONSEQUENCE ON TRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY REET, FACTORY, OFFICE	DUENCE OF  DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  A DOI:  O DEATH BUT  O DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  25 , 19 81  d that in (**) (aur) opinion of the physician of the physi	200 AUTOPSY?  YES NOW  CITY OR TO  CITY OR TO  April  death occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YE YE IN ITEM 18, POWN	COUNTY  19 27. DATE	STAT
	PART Und. Part WEIGHT Property of the Part Work Part Work Part Work Part Work Part Work Part Part Part Part Part Part Part Part	ditions, if ony, which is rise to immediate to [0], stating the errlying cause lost.  2. OTHER SIGNIFICANT (  ATE OF OPERATION  ATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  ATHORN NOTHY MEDICAL EXAMINE INTURY OCCURRED  BER NOTHY MEDICAL EXAMINE CONTRIBUTION (I)	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  19b. CONE  19b. CONE	OR AS A CONSEQUENCE ON TRIBUTING TO ONTRIBUTING TO	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  19  19  10  A DOI:  O TANAGE OF C	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  25 19 81  nd that in (My) (aur) opinion of the company of the compan	200 AUTOPSY?  YES NOW  CITY OR TO  CITY OR TO  Depth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YE YE IN ITEM 18, POWN	COUNTY  19 27. DATE	STATE  that dec (we) couses state  E SIGNED

BP. DHMH-16 30M 2/80 (VRA 15, 4)

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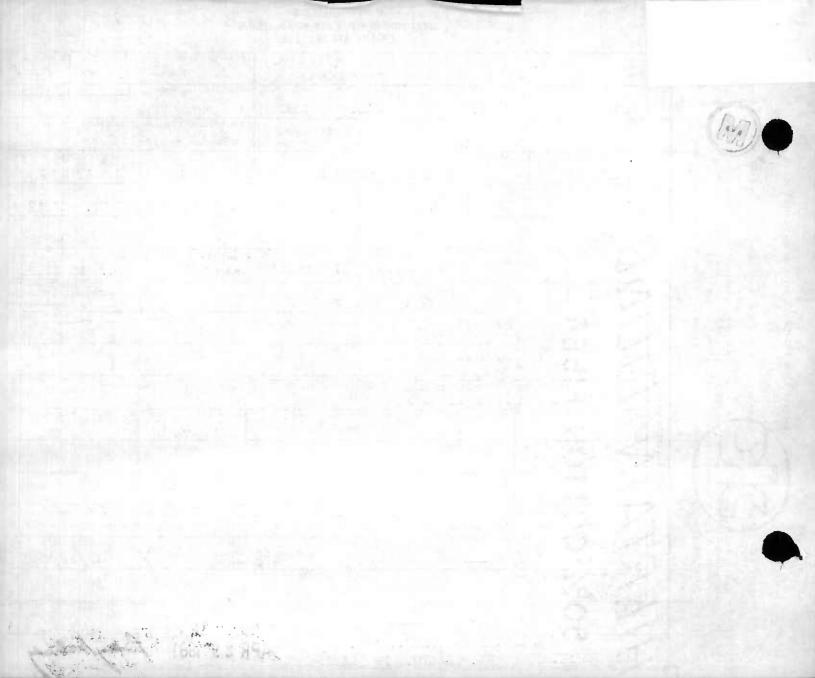
be	6		1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 1 0	9743
6	W	)		CEASED NAME FIRST OR PRINT) MARY	VIRGINIA		EDERICK	20. DATE OF DEATH MONTH	15 8/ 1:55 PM
1	ector, as		3. SE	FEMALE "	CAUC.	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
0	rol dir 72 hou	35		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)  MARYLAND	CITIZEN OF WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	
10		C / Solution	10. C	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NUM (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME C		120 USUAL OCCUPATION (1TRUCK**DRIVE)	17b. KIND OF BUSINESS OR
ND 2120	filled in	33	13a. S		HERDNSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	57
MARYLAND 2120	d 2 sh	Skamine.	14. FA	THER'S NAME FIRST  GEORGE	DDLE LAST	ERSLA	15. MOTHER'S MAIDEN NESTEL	LE E.	Fletcher
BALTIMORE,	Poges 1	2		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	6.4375	FRED KRI	CLBAUM 1150	WNBROOK BALTS
201 W. PRESTON ST.,	signed by the attending then please remave carb a burial, cremation, ar	njury, ar ather traumatic event, the	NO	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE  (b) METASI  DUE TO, OR AS A CONSE  (c) (c)	QUENCE OF	PRAEST  PARCINGMA C	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1101
DIVISION OF VITAL RECORDS,	has per ene	2 any	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? THE NO TO THE NO.
OF VITA	Z S S S S S	4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
NOISIAI	A Sur	morked at 1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	TOR for U	. Z1 is ma	H	220.1 certify that (1) (this haspital saw the deceased alive on obove, (1) (we) did (did nat)			2 - 8/, 19.8/ d that in (my) (aur) opinio	n death occurred on the date and ha	that (I) (we) lost our and from the couses stated
a de la companya de l	he h DIR	MPORTANT: If Ifem		226 SIGNATURE	De COO COO No	-	ATTENDING PHYSICIAN  220. ADDRESS  SBG		22c. DATE SIGNED 4/15/81
5	sho To	₹		SURIAL, CREMATION, REMOVAL	_	3c. NAME OF C	EMETERY OR CREMATORY	7 23d LOCATION	COUNTY STATE
	BP	-		Burial JNERAL DIRECTOR	4/18/81	Glen E	laven Cem.	Glen Burnie	, A.A. Maryland
DH	AH- 16 30M 2/80 (VRA 15, 4)			aymond C. Fin	k Glen <sup>^DD</sup>	urnie,	Md.	EVERBO O BY NEGES RAR 254 REGI	STREET STONATURE

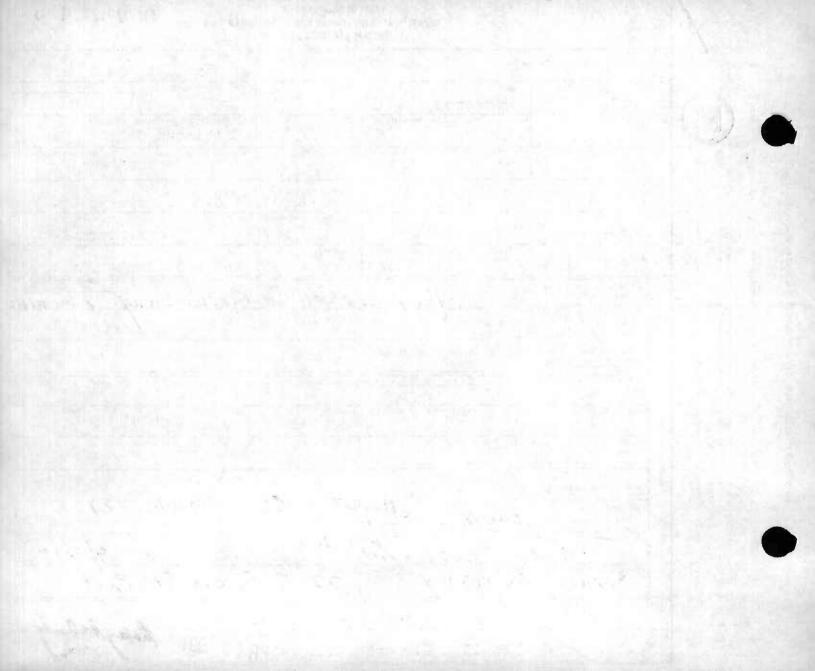
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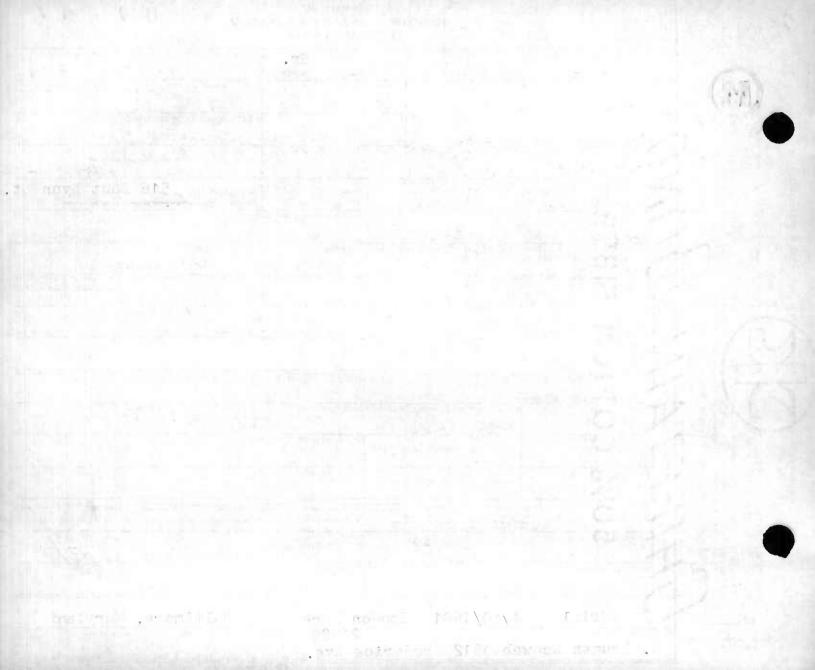
WILLIAM G. PRIBBICIC MALE CHICKNAN 7 15 OC TA ASU SAM MERINORE BUN SECURES HOSPINES ME. HARDE CO. MARKET. WALTUR B. TREETERS IN BURNE - GAMELS Charles Medicine Broken asing Amboy Palaunds, Ethala SALE CONSERVE STREET 10.9.0.3-E-E

Grand Fernanding Mo. 2025 N. Fangetts St. 184-184-184

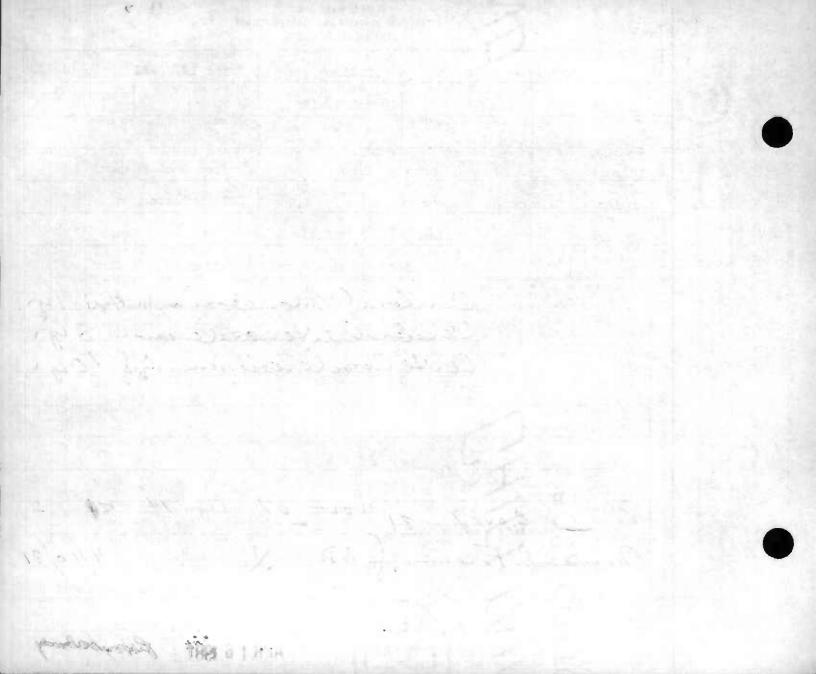
	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 REG. NO	0 9 7	45
200	1. DE	CEASED NAME FIRST	AIDI	DIE	(FRIEDMAN)	20. DATE OF DEATH	AONTH DAY YEAR	2b. HOUR
deg y			(ROSE)	tr	echnon		4 22 81	5.15 PM
mo There	3. SE	FEMALE	4 RACE WHITE	S. DATE O	OF BIRTH N 1892	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
A A A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY? 8		9 BALTIMORE CITY OF	COUNTY OF DEATH	
35		MARYLAND	USA	A widow		1 1	ore City	MD.
Egifed A		TY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUCH F	SPITAL, NURSING HOME ( ACILITY, GIVE STREET ADORESS)  PROVIDENT HO	SPITAL	(TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) INDUSTR	HOME
MARYLAND 2120 red within 24 hours ond 2 should be filled examiner(must be get	13a. S M	AL RESIDENCE (IF NURSING HOME C TATE 136 COU ARYLAND	OR OTHER INSTITUTION, GIV NTY	re residence before admission; (c. CITY OR TOWN BALTIMORE	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1804 N. P	ULASKI ST.	21217
RYL,	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		ACT
e, MARYL, orthing to any orthing to any orthing to a standard and		SIMON	Mode	GOODMAN	BEYLA			NOWN
BALTIMORE, cate be execut opers. Pages 1 wol.	16a V	VAS DECEASED EVER IN U.S. AI (15, NO DRUNKNOWN) (1F YES, GIV	VE WAR OR DATES)	6 SOCIAL SECURITY NO. 12-18-0565		S. WALTERDWA SOUTHWAY	SSERMAN BALTO., M	D 21212
		18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUS IMMEDIA	nly one couse per lin ED BY. TE CAUSE (0)	1.	reot		APPRO BETWEET	XIMATE INTERVAL NONSET AND DEATH
PRESTON ST., he death certifi he ottending ph emave carbonp motion, ar remc		Conditions, if ony, which gove rise to immediate	DUE TO, OR A	s Agons Four of	ne			
W.		couse (a), stoting the underlying couse last	DUE TO, OR A	S A CONSEQUENCE OF				
2 8 8 9 7	NO	PART 2 OTHER SIGNIFIGANT	Lecubith	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	(0)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physicion.  fter this certificate has been sign as the burnal-transit permit. Then th and Mental Hygiene prior to b orked or tem 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	0	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
NOF VITA  SICIAN: TI ng physicia certificate orial-transit ental Hygu		21a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
VISION O  3 PHYSIC  Ittending  er this cer  the buria  ond Ment	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVISI ENDING PI tol or after the cost of		220.1 certify that (I) (this hasp	2000	3 64	nd that in (my) (our) opinion	to fine	22 , 19 8/	, that (I) (we) lost
ATT Nospi RECT ed fo pt. of pt. of		obove, M) (we) (did) (did no 22b. SIGNATURE	ot) view the body oft	er deoth.	DECDEE			E/SIGNED
PITAL OR by the 1 ERAL DIF se detach State De,		Jack f.	Koch		ATTENDING PHYSICIAN	MEDICAL STAFF	V 111	22/8/
TO HOSPITAL (should be deto with the State (MPORTAN).		22d. PHYSICIAN'S NAME (TYPE)	ock.		1220. ADDRESS OF	Hosp. Fall		
0 € 5 € 3 ₹	23a. E	URIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1503 BP		BURIAL	4/24/8	1 MIKRO K	ODESH-BETH ISI	RAEL BALTI		VIAND
DHMH - 16 50M 1/76	24. FI	INERAL DIRECTOR SOL	LEVINSON	& BROS., IN	C. 25a. DAI	REC'D BY REGISTRARY	36 RECORDER STORY	ND
(VR A 15 (4) )		6010 REISTERS	TOWN RD.	BALTO, MD	21215	14 10 1001		7







9	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIEN B	REG. NO.	099	748
		CEASED NAME	FIRST	MIDDLE		LAS		2a DATE OF			2b HOU
			Catheria	ne	L	Fu	llem	April	14, 19	981	9:55
100	3 SE	K.	4	RACE	A(8)	5. DATE OF		6. AGE INYE	RS LAST BIRTHDAY	MONTHS DA	
WII		Female		White		Marc.	$h = 1^{\text{DAY}} 190^{\text{YEAR}}$	80		YRS.	15 HOURS
335	-	RTHPLACE (STATE OR COUNTRY)	R FOREIGN 76	CITIZEN OF WHAT $U.S.A.$		MARRIED WIDOWED	NEVER MARRIED		imore (	OUNTY OF DEATH City	
Office		TY OR TOWN OF DE	ATH II	I, NAME OF HOSP (IF NOT IN SUCH FACE Edgewoo	LITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	12a. USUAL C (TYPE OF WORK Retire	OR MOST OF WOR	126 KIN RKINGLIFE) INDUST Keeper	D OF BUSINI RY
35	13a. S	ALRESIDENCE (IF NUR TATE Maryland	RSING HOME OR OT NV COUNTY Balti		ESIDENCE BEFORE CITY OR TOW GERS F	N 11	3d Inside City Limits? Yes \( \) NO \( \) *	13e STREET A	odress unbart	on Rd	
) \$3 ()	14_FA	Robert	F.	DDIE FU	11em	1	Katie	NAME (	WIDDLE	Rauch	LAST
medico		VAS DECEASED EVER	R IN U.S. ARME		SOCIAL SECU	IRITY NO.	7 INFORMANT		ADDRESS		
the med		No	(III 163, SIVE V		6-09-3	444	Miss Myrti	le V Full	em	Same	
other traumatic event,		Conditions, if any gove rise to im cause (a), state underlying cause	mediote ing the	DUE TO, OR AS	hel	ana (	2 anter	isol	Jores	0.0 /	Ry
any injury, or other traumatic	FICATION	gove rise to im cause (a), stati underlying cause	y, which imediate ing the e lost.	DUE TO, OR ASY  DUE TO, OR ASY  (c)  NDITIONS CONTR	A CONSEQUE	ENCE OF DEATH BUT N	Conversion of the Telegraph of the Teleg	20g AUTOI	IN	ON GIVEN IN PART	SES OF DEA
shaws any injury, or other traumatic	ERTIFICATION	gove rise to imcause (a), stati underlying cause PART 2. OTHER SIG	y, which imediate ing the e lost. INIFICANT CO	DUE TO, OR AS (c)  DUE TO, OR AS (C)  NOTIONS CONTR	CONSEQUE BUTING TO D	DEATH BUT N	WAS PERFORMED	20a AUTOI	NO IN	CERTIFYING CAUS	SES OF DEA
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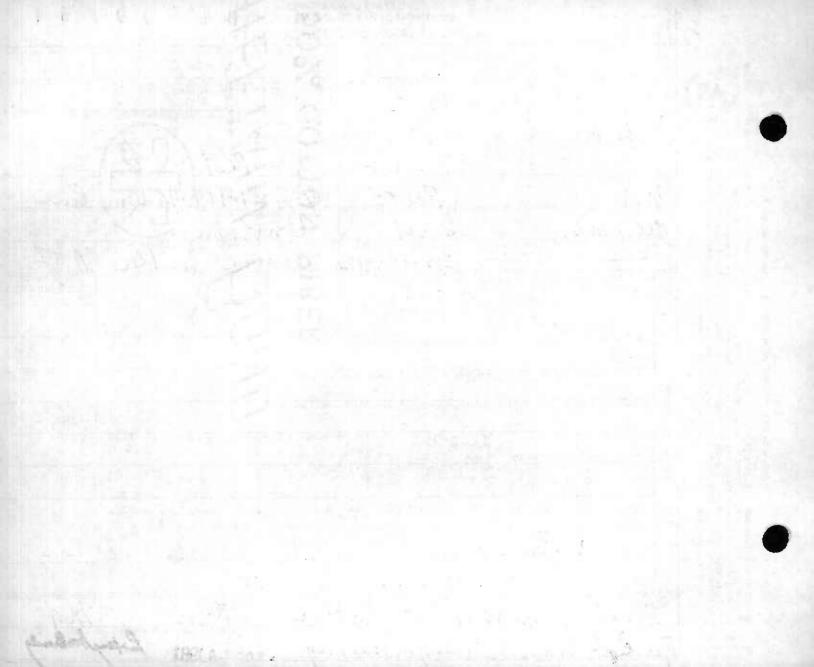


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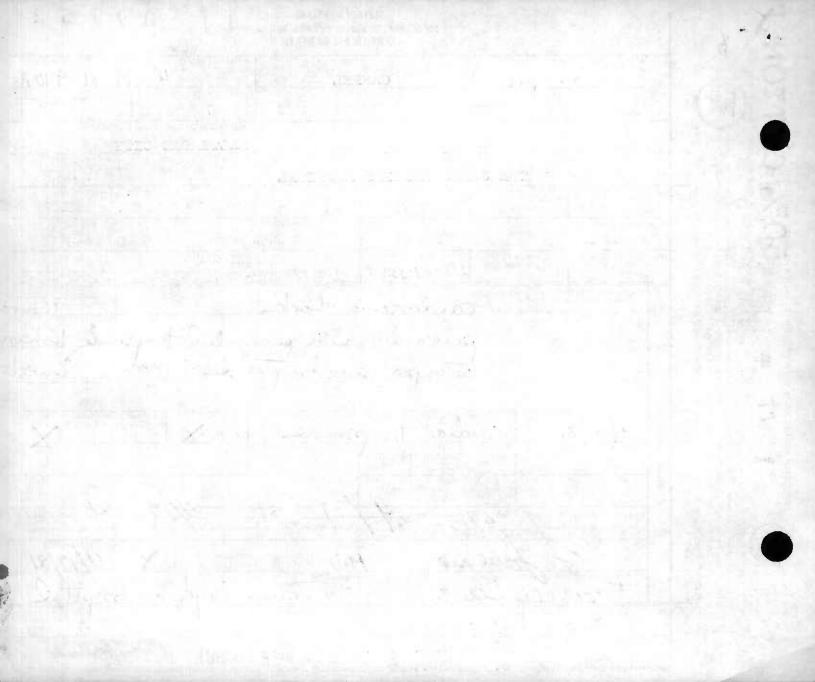
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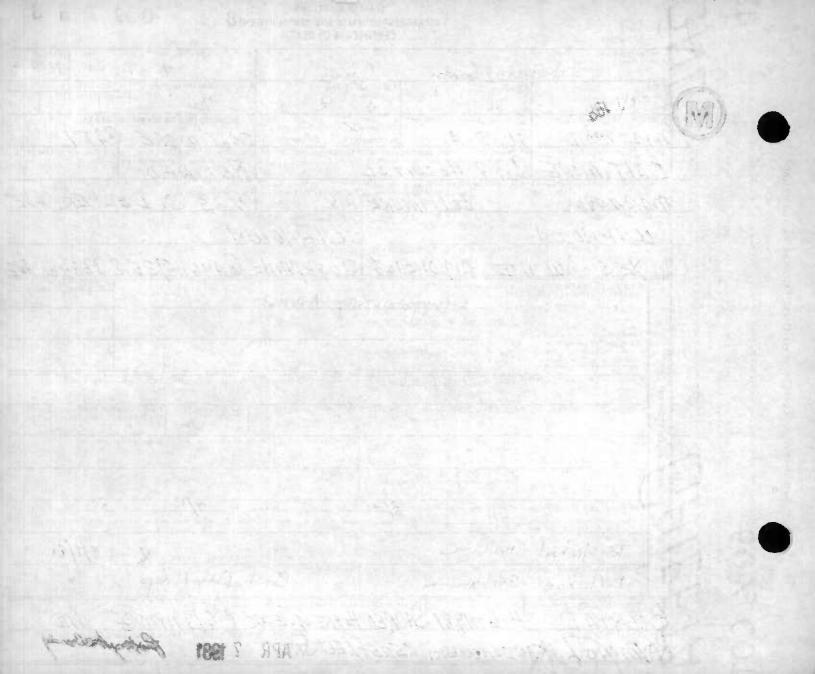
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S NECESSARY, PLEASE FUNERAL DIRECTOR E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	8	Harry	Α.	Gail	OF ESTI-	4 14 19 81
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NECESSARY CUNERAL DIF S FOR YOU WITHINZ		race ma	VIOT	WIDOWED DIVORC		ore City MD
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DIV DIV E. THIS CI TE, WRIDE RWARDE E. PAGE 35 S. STATE DI		AT WORK AT WORK				
A TE S		226. I certify that I took charge of	of the remains described above, he	and only ) XX, Inspection	, Inquiry , ar	nd in my opinion
MINING THE F		death resulted from: Natural	couses XX, Accident	Suicide . Homicide .	Undetermined manner .	
ARY ARY			4.0	TITLE (SPECIFY)	onderermined monner	
ITHE CERY SHOULD ERAL DIED EATH, WITH		ACTUAL SIGNATURE VINGINU	a Ladola		T MEDICAL EXAMINER	DATE 4-14-81
SET		SIGNATURE		M.D. /\SSTSTAII	MEDICAL EXAMINER	SIGNED 4-14-01
AED AED WAS AND	2	EXAMINER'S NAME Virgi	nia L. Dolan, M	.D.	III Penn Stree	
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRITPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE E BALTIMORE, MARYLAMO, 212011	-			ADDRESS		
	230	BURIAL CREMATION REMOVAL 236.	DATE 234 NAME	OF CEMETERY OF CREMATORY	23d. LOCATION	COUNTY TA MATE
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1902 DHMH-17	17	FUNERAL DIRECTOR	ADERS U	7 12 by/ 250. DATE R	EC'D. BY REGISTRAR 25b. REG	ISTOR'S SIGNATURE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MARY GAMPEL 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FEMALE JULY 10, 1913 WHITE 67 TO BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OHTO USA WIDOWED DIVORCED BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AT HOME HOUSEWIFE BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT, J-113d. INSIDE CITY LIMITS? 130. STATE 13b COUNTY BALTIMORE 3003 ROMARIC CT. MARYLAND #21209 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRRACHEL MIDDLE LOUIS WISEMAN BAZER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT HERBERT GAMPELESS 215-03-554 104 EMBLETON RD., OWINGS MILLS, MD 2111 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a 201 W. PRESTON Conditions, if ony, which gove rise to immediate couse (a), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIO DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH tronsit per 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF YOMA STATE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased olive on, nd that in (my) (our) opinion death occurred anothe date and hour and from the causes stated abave, (1) (we) (did I did The body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL shauld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) STATE BURIAL COUNTY 4/21/81 BETH JACOR CARROLL FINKSBURG MD 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/81 (VRA 15, 4) 6010 REISTERSTOWN RD BALTO, MD



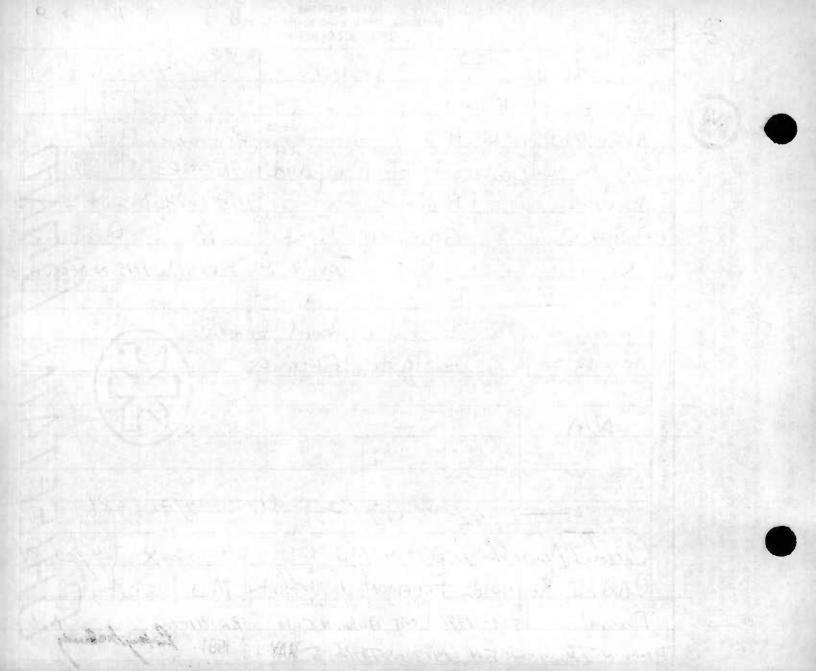


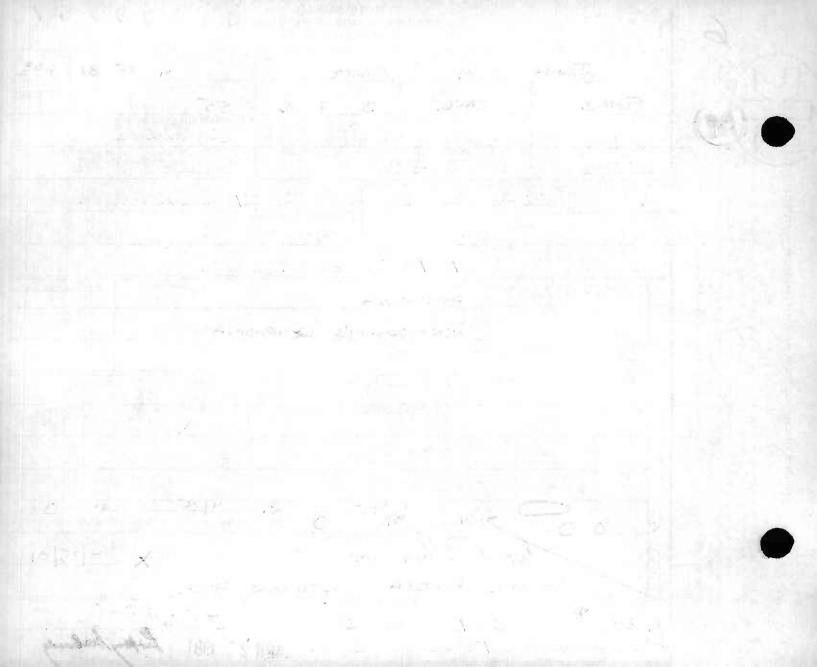
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9 / 5	4
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	10	
DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN OF ESTI- DEATH MATED  John Phillip Gantt DEATH MATED	MONTH DAY	YEAR 26. HOUR
4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS I HOURS MINI PRONOUNCED	MONTH DAY	YEAR 2d HOUR 81 7:39.P
	OR COUNTY OF DEAT	
10. CITY OR TOWN OF DEATH  Baltimore  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  Union Memorial Hospital  120. USUAL OCCUPATION (TY)  FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND COR INI	OF BUSINESS DUSTRY
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14. FATHER'S NAME FIRST  AND IN THE STAND IS MOTHER'S MAIDEN NAME FIRST  LOUELLA MODIFIED  AND IN THE STAND I	RKEIP LAST	
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, ORUNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO, ORUNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO, ORUNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO, ORUNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO, ORUNKNOWN)  (YES, NO, ORUNKNOWN)  (YES, NO, ORUNKNOWN)  (IF YES, GIVE WAR OR DATES)  (YES, NO, ORUNKNOWN)  (YES, N	E.41-7	37
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# DZUZIS		
190, DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTO	OPSY?
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ONDERLYING ON LONG TIME OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET CITY OR TOWN  AT WORK AT WORK CITY OF TOWN	COUNTY	STATE
77s   certify that   tack charge of the remains described above held on Autonsy VV   Inspection   Inquiry	and in my apinion	
22a. I certify that I took charge of the remains described above, held an Autopsy XX Inspection, Inquiry, o death resulted from: Natural conservation. Accident, Suicide, Hamicide, Undetermined manner,  TITLE (SPECIFY)  ACTUAL  SIGNATURE  MEDICAL EXAMINER	DATE 4/	10/81
EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Bal		01
236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY STORY STORY STORY STORY STORY	K OF BOLL	Guy.
O90/ DHMH-17 (VR A15 ME (5)) 15M 2/80  24 FUNERAL DIRECTOR LOCKS FUNERAL HOME 13054 N. CENTRAL AVE APR 13 1981	May Medica	7

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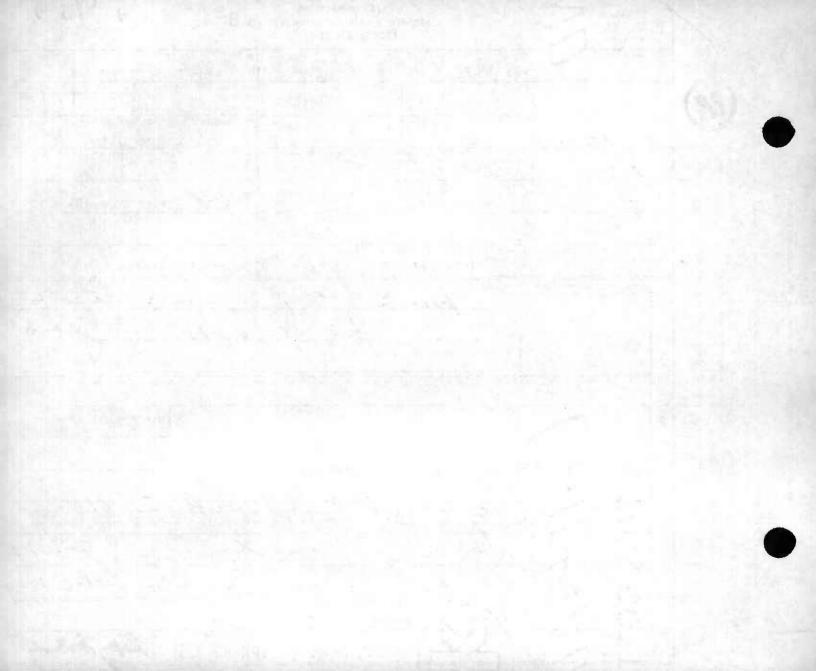
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DHMH-16 30M 2/80 (VRA 15, 4)	_	RAL DIRECTOR NAME NAME	ADI ADI	PRESS W. Pallo	25a. DATE R	EC'D. BY REGISTRAR 19	REASTRAP TO SAL	UR





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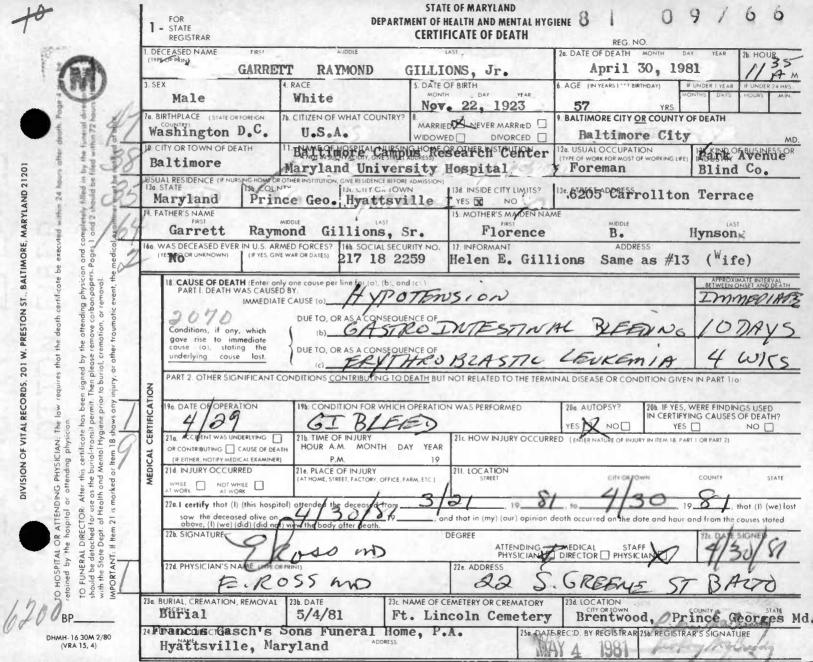
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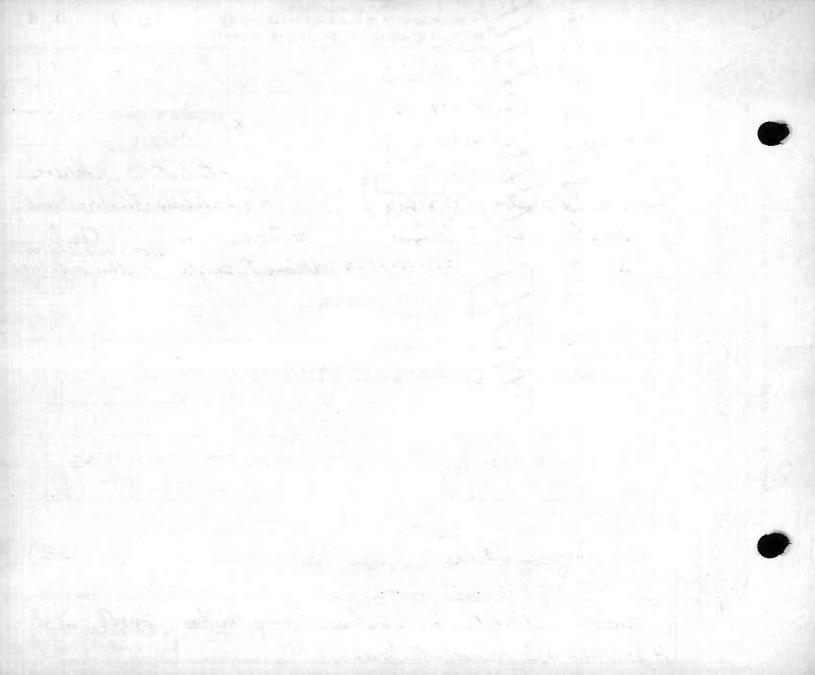
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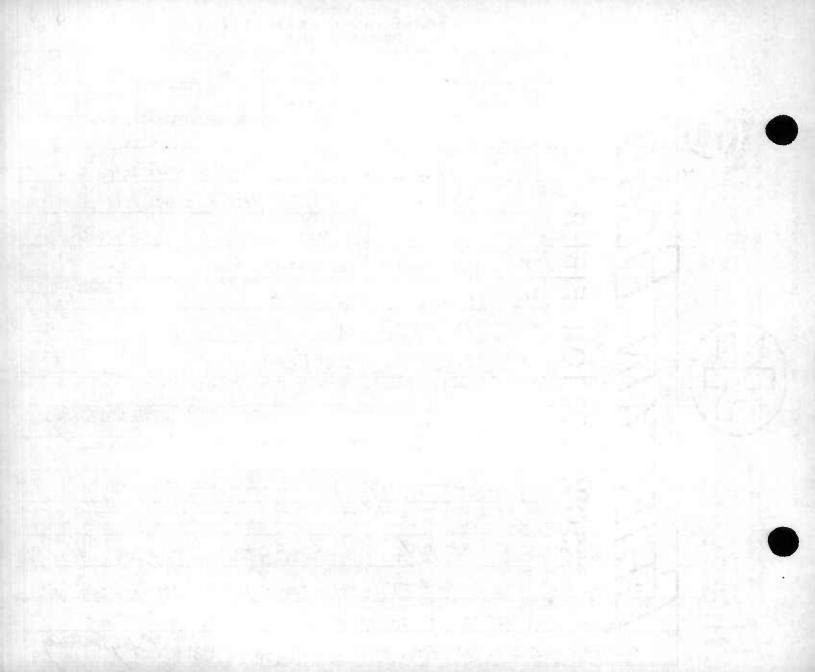
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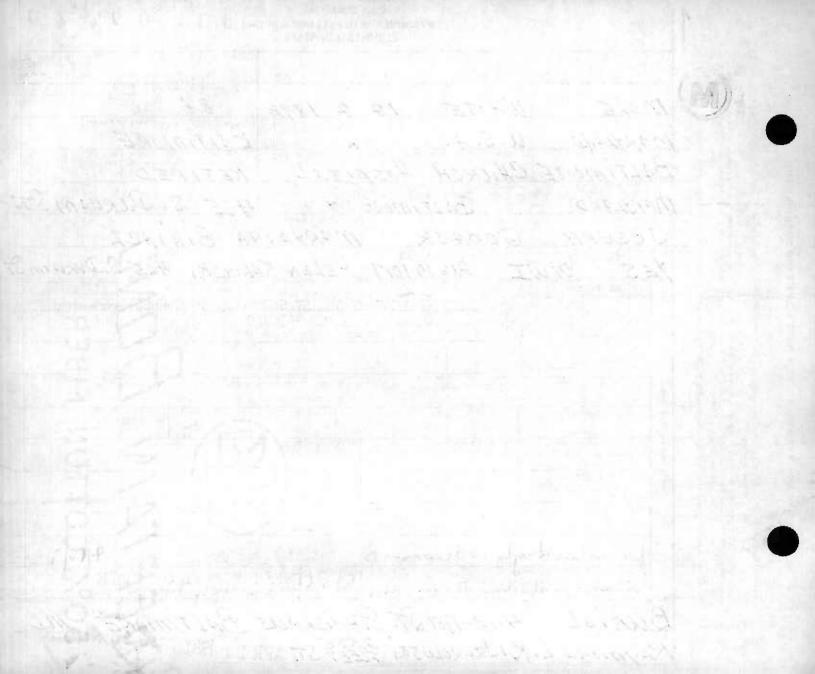
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Secretary of the second second

4	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	09768
	= STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	EG. NO.
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST 20. DATE KNO	WN X MONTH DAY YEAR 26. HOUR
( Page 1	Willian D. SEX 4. RACE S.	M Ginger DEATH MAT  DATE OF BIRTH  6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   12. DATE  LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR
ECESSAP FOR YOU WITHIN TO PRESTON	Male White	HAL 30 1964 16 YRS. DEAD	4 13 1981 D.M
SNEG SNEG STENEG WHAT STENEG S	maryland.		MOTE CITY MD.
SE SHE	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  University Hospital—STU	
D. 21201 IF ANY DELAY IS N IF AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FUED.	USUAL RESIDENCE (IF IN NURSING HE IS OR OT 13a. STATE 13b. CCUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR JOWN  136. INSIDE (ITY LIMITS?  YES  NO  130. STREET ADDRESS  YES  NO  130. STREET ADDRESS	a Lindows Read
DEATH. IF DEATH. IF GES 1, 2, M PM 3, M PM 2 St OF WITAL P	29 1 1111	NODLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST /
N ST., BALTIMORE, MD. 2120 HOURS AFTER DEATH. IF ANY EM 18. GIVE PAGES 1, 2, AND NG WITH FORM PM 3. RETA ERMIT. PAGES 1 AND 2 SHOUL ERMIT. PAGES 1 AND 2 SHOUL ERM. PAGES 1	160. WAS DECEASED EVER IN U.S. ARMED (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR	(OR DATES)	7562 aline Linebrand.
	NO	213-92-2822 William J. Ginger	millers mel. 21167
TON ST., B. 24 HOURS LITEM 1B. G LICNG WIT FERMIT. P. CGENE, DIV	18 CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED B) IMMEDIATE C	AUSE (o) Multiple Injuries	BETWEEN ONSET AND DEATH
W. PRESTC WITHIN 2. ENCL IN II AINER ALC TRANSIT P VIAL HYG	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
UTED IN PE EXAM	cause (a) stating the <u>under-</u> <u>lying cause last.</u>	DUE TO, OR AS A CONSEQUENCE OF	
RECORDS.  ID BE EXECURDING.  MEDIDING.  MEDICAL  HEALTH AN		TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101	
VITAL RESPONDED OND "PER ONE" PER ONE	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES □ NO 🔀
OF VI	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR AM. MONTH DAY YEAR	ITEM 18 PART 1 OR PART 2)
CERTIFICATE TINGS THE WE DEP TO THE DEPARTMENT PRIOR TO E	CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
DIN THIS C WARTE WARE TATE 21201	WHILE NOT WHILE X	road Lineboro Road, Westminste	er, Carroll Co., Md.
NNER: FICATE TOP:	22a. I certify that I taak charge at death resulted fram: Natural c	f the remains described above, held an Autapsy, Inspection	and in my apinian
EXAM DUID B T, WITH MARY	ACTUAL DATA	TITLE (SPECIFY)	DATE 4-14-81
EDICAL JIETHO A SHO NORE,	SIGNATURE EXAMINER'S NAME	M.D. Assistant MEDICAL EXAMINER	
TO RECEIVE	(TYPE OR PRINT) VICAL	DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATES
BP	Burial 4.	19181 Millies Church Conclosy Millers 250. DATERS R BY REGISTRAS 25	Carrell mil.
DHMH - 17 (VR A 15 ME (5)) 15M 2/80	H.J. Echhardt	manchister, mel.	





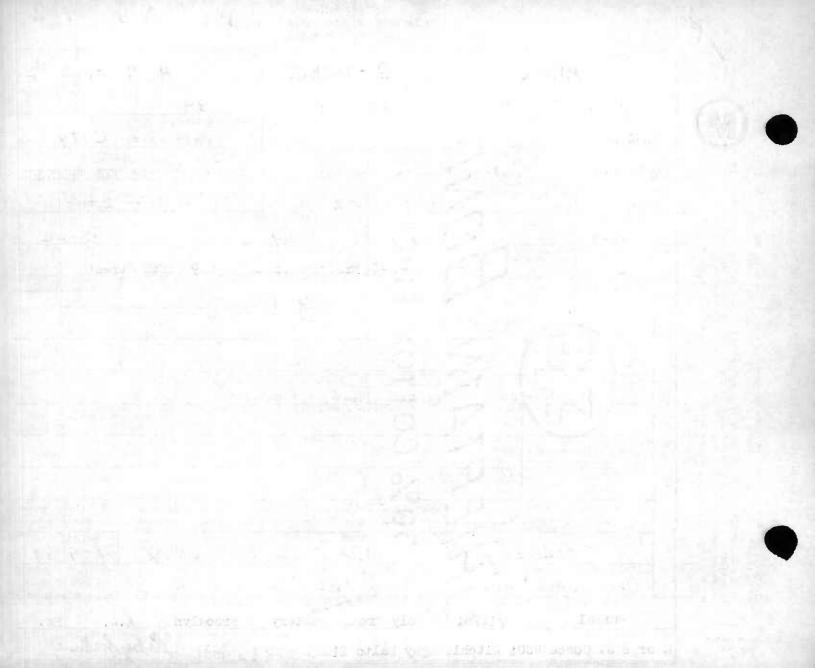


5	1.	FOR STATE REGISTRAR		DEPARTM	MENT OF HE	OF MARTLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 1	0	9 7 7
4		CEASED NAME / FIRST CAROLY		INE H.	GOS	NELL	20. DATE OF DEATH	MONTH DA	YEAR 26 HO
	3. SE	× emale	4 RACE White		5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST E		FUNDER 1 YEAR FUNDE
35	7a B.	RTHPLACE (STATE OR FOREIGN COUNTRY) and	US A	WHAT COUNTRY?	8. MARRIED WIDOWED	□ NEVER MARRIED □	9. BALTIMORE CITY BALTIM		OF DEATH
filed with		ITY OR TOWN OF DEATH BALTIMORE	"UNIC	N'MEMORIA		OTHER INSTITUTION  ITAL	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Production		126. KIND OF BUSIN INDUSTRY Bakery
ed must be	13a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		13c. CITY OR TOWN  Baltimor	N 11	3d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS		e
3×00		Amy Hav	wkins	LAST		5. MOTHER'S MAIDEN NAME Catherine	Wolf		LAST
Poges I	16a V	VAS DECEASED EVER IN U.S. A (IF YES, G	RMED FORCES? IVE WAR OR DATES)	213 09 6		Robert E. G	osnell 3	70 <b>5 Elm</b>	Avenue
Then please remove con to buriol, cremotion, o injury, or other troumat	NO	Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	(c)_	DR AS A CONSEQUE		OT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART I (o)
ene prio	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USI
friol-t frem		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	AIR		Y YEAR	21c. HOW INJURY OCCURE		URY IN ITEM 18 PAR	T I OR PART 2)
the and ced	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR I	OWN	COUNTY
of He 21 is		220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	n		4\8 , ond	that in (my) (our) opinion o	deoth occurred on the	date and hour	9, that (1) and from the couses s
Stote Dept.		22b. SIGNATURE	I Eas	n pulce	an	ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN 🔼	224. DATE SIGNED
should be deta		22d. PHYSICIAN'S NAME (TYPE	H. Epp	la, m	D	22e. ADDRESS			
	1	SURIAL, CREMATION, REMOVA SPECIFY) Intombment JNERAL DIRECTOR	11 Apr		dar Hi	THE RESERVE OF THE PARTY OF THE	23d. LOCATION CITY OR TOWN  Brook yn E REC'D. BY REGISTRA'	Anne	county Arundel Co
0M 2/80 5, 4)	B	urgee Funeral I	Home, Ba	ltimore, l	Maryla		- 4 3 5004	Map	my Mebres

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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

(VRA 15, 4) 1/79

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1 00	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND E CATE OF E	MENTAL HY	GIENE 8	REG. NO.	0	9 /	7	व
		CEASED NAME FIRST	MI	DDLE	LA	ST		20. DATE OF D	EATH M		DAY YEAR		HOUR
N 101 - N		EDNA	L		GRA	HAM				4 1	1 8	1 /	112b
N1)	3. SE		4. RACE		5. DATE O	F BIRTH DAY	YEAR	6. AGE (IN YEAR	S LAST BIRTH	DAY)	IF UNDER 1 YE		INDER 24 HR
1		Female	Whit	e	11	28	05	75		YRS.			
St ente.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWE	NEVER /	MARRIED  VORCED	9 BALTIMORE			OF DEATH		,
polytied 4		TIMORE °	11. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET ON MEMOR	ADDRESS)			12a USUALOC (TYPE OF WORK FO					SINESS C
Ekst be	13a. S	AL RESIDENCE (IF NURSING HOME STATE ISTACO	OR OTHER INSTITUTION, GUNTY		e admission) /N	13d. INSIDE C		13e. STREET AD					
e	14 F.A	Md.		Balto.		YES	NO 🗌 S MAIDEN NA		4 St	Pau	1 St.		
300	14. FA	FIRST	MIDDLE	LAST		IJ. MOTHER	FIRST		MIDDLE			LAST	
medicol		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?  GIVE WAR OR DATES)	217-26-		17. INFORMA	NT		ADDRES	S			
any injury, ar ather traumatic	IION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  Fraction  19a, DATE OF OPERATION	(b)	AS A CONSEQU	DEATH BUT	NOT RELATED	TO THE TERM	CHA	or condi	20b. IF YES	, WERE FIN	IDINGS	
shows ar	CERTIFICATION								40 🗆	YES		Ν	DEATH?
r this certificathe buriof-training and Mentol Hyed ar Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER, NOTIFY MEDICAL EXAMI) 21d. INJURY OCCURRED  WHILE NOTIWHILE AT WORK AT WORK	P.M. PLACE O	I. MONTH D	19	21c HOW IN		RED (ENTERNATU	CITY OR TOW		ART I OR PART	2)	STATE
tem 21		22a. I certify that (I) (this ho sow the deceased alive above, (I) (me) (did) (did 22b. SIGNATURE	on 4/11	.19		d that in (my)	ATTENDING	death occurred	STAFF				
with the State D		ann	C Bue	00, 100						AL CO			

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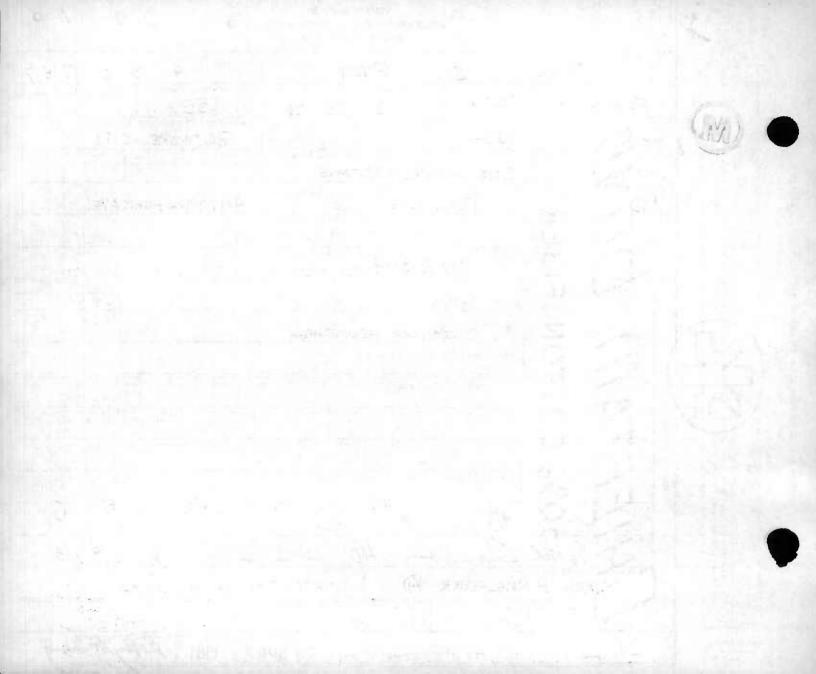
Austury and Delto., 14.

11.	FOR STATE REGISTRAR			EPARTMENT	OF HEALT	H AND MEI	NT AL HYGI	3.0	O REG. NO.	9	1	1	5
	ECEASED NAME	FIRST		drew		Graha		20. DATE KI	NOWN X	MONTH 4	DAY 26 19	YEAR 81	26 HOUR
3. SE	x Male	4. RACE Black	5. DATE OF BIRTH	YEAR LAST B	RTHDAY) MON	NDER 1 YR.	F UNDER 24 HI HOURS MIN.	PRONOUNC DEAD	ED	MONTH 4	26 1s	YEAR 9 81	1:35 D. M
F	BIRTHPLACE (ST OREIGN COUNTRY) Louisia	ATE OR	76. CITIZEN OF WH	AT COUNTRY?		RIED X NEVE	ER MARRIED [	9. BALTIMO	timore		Y OF DE		AAF
0 10.0	Baltimo	OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FAC 725 Geor	ge Street ADDR	t Apt	HER INSTITUTION	ION 12a	USUAL OCCUPA FOR MOST OF WORKIN Laborer	NG LIFE)	OF WORK	Duil Buil		
	STATE	IF IN NU SING HOME O	DR OTHER INSTITUTION, GIVE TY	13c. CITY OR TOV Balto		13d. INSIDE CITY YES 🛣	Y LIMITS? 13e.	STREET ADDRESS		t.			
0		ce Graham		LAST		Luc	'S MAIDEN NA ST	AME	Gra	aham	LAS		
(	WAS DECEASED YES, NO, OR UNKNO	EVER IN U.S. AR/	WED FORCES? WAR OR DATES)	166. SOCIAL SEC 436 52 5		Lorai		nam 1003	E, Ha	arnet			N.C.
	Canditian gave ris cause (a) lying caus	IMMEDIAT IMMEDIAT IS, if any, which e ta immediate stating the <u>under-</u> se last.	DUE TO, OR A	Seizure  AS A CONSEQUEN  AS A CONSEQUEN	disord ICE OF						APPR BETWEE	OXIMATE IN ONSET	INTERVAL AND DEATH
CERTIFICATION	PART 2 OTNER SIG		CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE							20 AU	TOPSY?	
	UNDERLYING	L CAUSE WAS OR		INJURY MONTH DAY UNKNOWN	YEAR	ow injury c		ITER NATURE OF INJUI	RY IN ITEM 18 PA	ART I OR PAR		KK.	NO [
MEDICAL	21d, INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e. PLACE O STREET, FACTO	FINJURY (ATHOR DRY, FARM, ETC.) NOWN		STREET UNKNO	wn	CITY OR TOWA	N	cou	INTY		STATE
2-	death resulted  ACTUAL SIGNATURE  EXAMINER'S I (TYPE OR PRIN	NAME The	omas D. Sm	Shew ith, M.D	Suicide	TITLE (SPE A.D. Deput	ecify) y Chie,	Inquiry [ determined man  EDICALEXAMIN  Penn St	ner X.	DATE SIGNE	4-	-27-	81
Bu	irial	TION, REMOVAL 2	36 DATE 5/8/81		thaven			Dunn,		N. COUN		STA	NTE
	FUNERAL DIRECT		Sons 1701	Laurens	St.	25	MAY 5	- 1981	25h Jan	BAR'S	rouv	7	

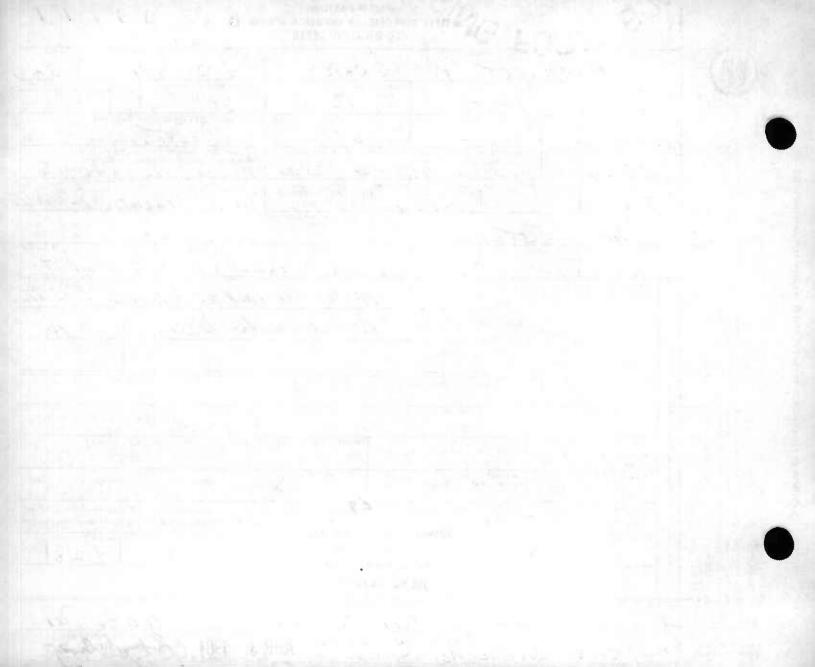
Terence Ordina | Incille Graham

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Juneau A. Morties & Hone 4.701 Laurence Pa.



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	9777
60		CEASED NAME FIRST	MIDOLE	LAST	28. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
(MI)		MARGI	ARET P.	GRAPES	4-2-198	1 3 A.M.
	3 SE	Temale	Prhite	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)  6 / YRS.	MUNDER I YEAR WUNDER 24 HRS
24 day 24 day	10-8	RTHPLACE (STATE OR FOREIGN ) OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED		Y OF DEATH
form from	10.0	EMMESSEQ-	NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the ed with	13	allenore	(IF NOT IN SUCH FACILITY, GIVE STREET	ton St. 21201	TYPE OF WORK FOR MOST OF WORKING	
filled in uld be fill	13cC	AL RESIDENCE (IF NURSING HOME OR 13h COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR  TY 13c. CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY-LIMITS? YES NO	13e. STREET ADDRESS	letor la 2120
with with short	14. F/	ATHER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
limote, MA le be executed an and comple Pages 1 and t, the medical		NAS DECEASED EVER IN U.S. ARA YES, NOOR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEC WAR OR OATES) 216-34	CURITY NO. 17 INFORMANT	ADDRESS	Lombord It.
RECORDS, 201 W. PRESTON The law requires that the death has been signed by the attendir armit. Then please remove carbo ne prior to burial, cremation, or hows any injury, or other traun	NOIL			DEATH BUT NOT RELATED TO THE TER		
CIAN: The I cian.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
SSIC YSIC		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DING PHY tending phy tending phy tending phy the burial-h and Men narked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTEN tal or a CTOR or use a of Hea		22a.l certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not	al) attended the deceased from 19.		n death occurred on the date and ha	
TAL OF A the hospi AAL DIRE- letached for ate Dept. o		I ha	Iller I	O CHICKORY COURT ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR   PHYSICIAN	12 DATE SIGNED
TO HOSPITA retained by th TO FUNERA! should be deta with the State		224. PHYSICIAN'S NAME (TYPE OR	PRIMI	3S NO. 520-90-9164	MORTEN	
De De Min	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 236 4-4-1981 4	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY DISTATE
DHMH-16 25M (VRA 15, 4) 1/79	ZAJE	UNERAL DIRECTOR NAME OF MIRRAY	lan Inc. 901	Holling It AP	R 3 1981	STRAR'S SIGNATURE



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VRA 15, 4)

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Items 21a - 21f & 22a

To be an interest and the community of t SAME OF A

Wm. C. March F/H 1101 E. North Aye.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

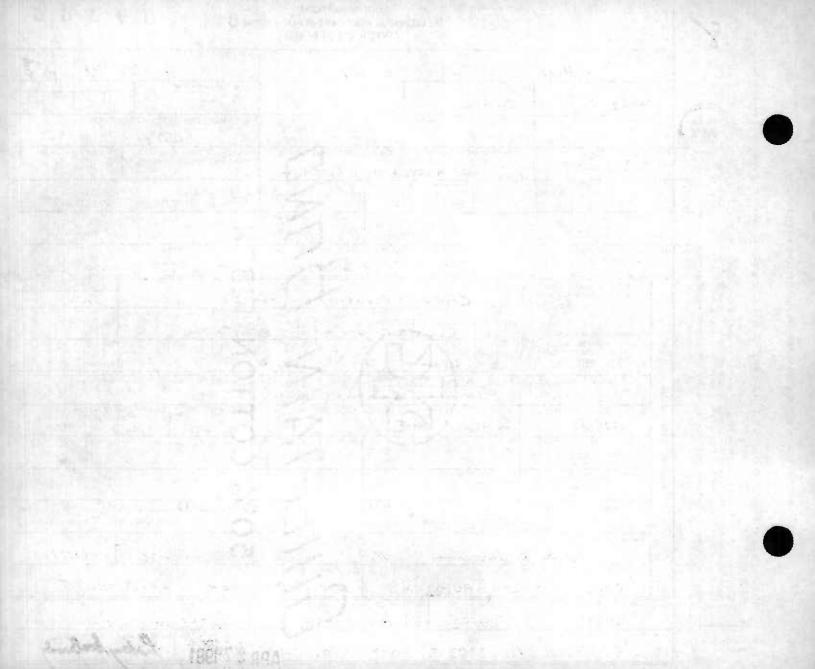
250 DATE REC'D. BY REGISTRAR 256. RE

26 HOUR 1058

IF UNDER 24 HRS

NO [

STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-GRIESE, SR. WILLIAM F. DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 88 MONTH 3 PRONOUNCED 24 93 81 white male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X DIVORCED Maryland Baltimore City 12b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Policeman 1116 Scott Street Baltimore. Police Depi USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21230 1116 Scott Street Balto., Md. 13d. INSIDE CITY LIMITS? Maryland Baltimore NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ANIDOLE LAST FIRST John Caroline UNKNOWN Griese ADDRES Ellicott City, Md. 166 SOCIAL SECURITY NO 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Juanita L. Riegett 9793 Michaels, Way 215-24-2082 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 4 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? WRITING THE WONE ARDED TO THE CHIEF A AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE USED / YES . NOXX 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d, INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STINDORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Undetermined monner Notural couses XX TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Korell, M.D. ADDRESS EXAMINER'S NAME Margarita A. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Maryland Baltimore Loudon Park Cemetery 4/7/81 Burial Balto., Md. 21229 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b BEGISTRAR'S SERVE UR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. **DHMH - 17** VR A15 ME (5) 15M 2/80

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24 1912 WE - SEE SEE STONE OF STATE STATE Millerman Mary CONFESTING HEART FALLOSE E. DET THEOLIE. THE BLOCK & DENTY HEIGHTS.

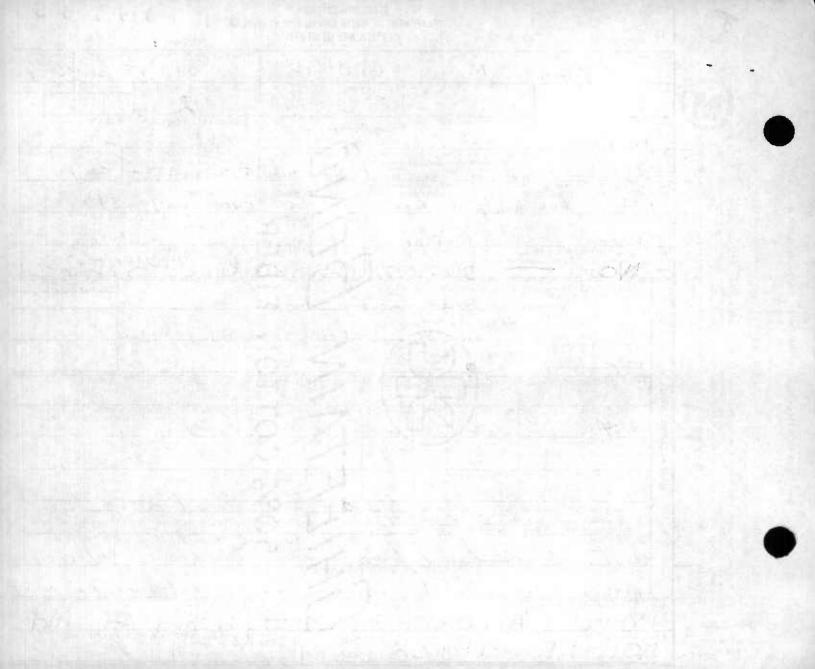
2	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 / 8 4  CERTIFICATE OF DEATH  REG. NO.						
ge 3		CEASED NAME FRST	Paret H	· G	3illiN	20. DATE OF DEATH	MONTH DAY Y	981 7:10 P	
M	3 SE	Female	RACE NEGA	S. DATE (		6 AGE (IN YEARS LAST BIRTI	HDAY] # UNDER MONTHS YRS.	TYEAR IF UNDER 24 HI DAYS HOURS MIN	
W	K	OUNTRY) DEN CO. S.	CITIZEN OF WHAT COU	MARRIE		BALTIMORE CITY OF			
by the ted with	13	ALTIMORE	I. NAME OF HOSPITAL, N. LENOT IN SUCH FACILITY, GIM	L L E S	GENERAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE INDI	IND OF BUSINESS OF	
ould be fi	130 5	AL RESIDENCE (IF NURSING HOME OR OF OT ATE 136 COUNTY	I 13c CITY O		YES NO NO	13. STREET ADDRESS	is st pr	y yp	
nd 2 sho	)4 FA	THER'S NAME	ple LA	ŜT	15. MOTHER'S MAIDEN NA  FIRST  WWW. W	ME MIDDLE		LAST	
Pages 1 a	16a V	VAS DECEASED EVER IN U.S. ARME ES, NO ORUNKNOWN) (IF YES, GIVE W	AR OR DATES)	D-2770	WILLIAM W.	HINTON 11	w-20 484	APTTR	
physicia papers.   removal. atic event		IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ARDIO	- RESPIRATO	RY ARRES	T K	BO MIN	
the attendin move carbo emation, or other traum		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CON	SEOUENCE OF	CARDIAC	DISEASE			
signed by the please rent please rent purial, creinigury, or o		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON						
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cate has bit permit.	CERTIFICATION		196 CONDITION FOR V	VHICH OPERATIO		200 AUTOPSY? YES □ NO 🌠	YES 🗌	NO [	
this certificaturial-transit Mental Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	JRT 2)	
th and M marked o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUN	TY STATE	
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should be detactive the State IMPORTANT:		224. PHYSICIAN'S NAME ITYPE ORPH		1.3.	NORTH CI	HARLES &	EN. HO.	sr.	
sh M	230 8	URIAL, CREMATION, REMOVAL	23b. DATE 4, 22 - 51	130 NAME OF C	EMETERY OR CREMATORY	23d LOCATION SIDNORTOWN	ONE COUNTY	S STATE	
MH-16 25M A 15, 4) 1/79	24 FI	INERAL DIRECTOR	anges 638 ADJR	59./ma.	250. DAJ	PR 2 1 198	756. REGISTARIS SI	GNAURE	

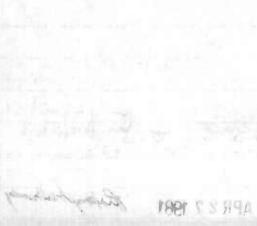
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CO

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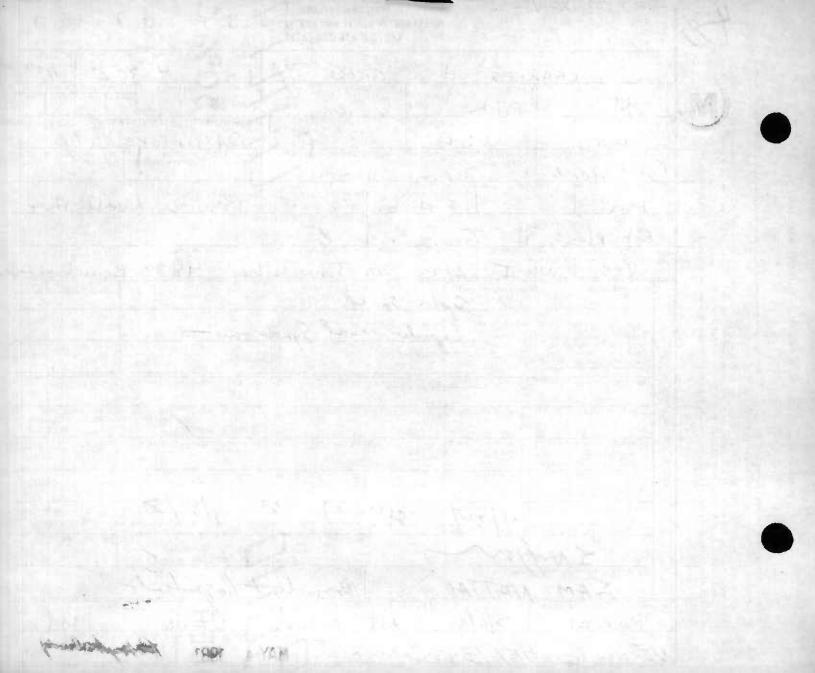
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1//		REGISTRAR		CERTIFICATE OF DEAT		REG. NO.			
n.c		CEASED NAME FIRST OR PRINT)	WIDDIE	TAST	2a DATE OF	DEATH MONTH		b. HOUR	
1		CITA	RLES H	GROSS	) e	4	30.81	1/20 M	
1	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEA	ARS LAST BIRTHDAY)		F UNDER 24 HRS	
M	1	M	BIK	A	15- 66	YRS.	Jan San San San San San San San San San S		
4	Wa B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARR	9. BALTIMOR	E CITY OR COUNT	Y OF DEATH		
55	1	Md	U.SA.	WIDOWED DIVORC		Himor	e Cito	MD.	
41	10 C	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTI	ON 120. USUAL C	CCUPATION FOR MOST OF WORKING L		BUSINESS OR	
5	11-	17 Itimore	P P TO SP				NATO CALLY IN DOG THE		
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35		Md	BA	YES OF NO			Vocale	Aue	
	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAI	DEN NAME	MIDDLE	LAST		
30		Charles	H GROSS	Se. E		MIDDLE	LASI		
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT		ADDRESS			
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		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), cED BY:	indici.)			APPROXIMA BETWEEN ON	ATE INTERVAL	
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	CERTIFICATION								
1	S S	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTO		ES, WERE FINDING		
OX	E				YES 🗌		res 🗌	NO 🗌	
6	Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH		OCCURRED (ENTER NAT	URE OF INJURY IN ITEM 18,	, PART 1 OR PART 2)		
1	Z Y	OR CONTRIBUTING CAUSE OF DE	ALIT	19					
Ť	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE:	
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		saw the deceased alive on above. (1) (we) (did) (did no	ot) view the body ofter/death.	, and that in (my) (our)	apinion death accurred	on the date and ho	our and from the co	auses stated	
		22b. SIGNATURE	V .	DEGREE			22c. DATE S	IGNED	
		SNV	1100	ATTEN PHYS		STAFF PHYSICIAN			
		224. PHYSICIANS NAME (TYPE	DR RINT)	22e ADDRESS	/	. /			
-		SAM	100 TITAD	Promis	lent her	sp.fel			
	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE / 23	NAME OF CEMETERY OR CREM	ATORY 23d LOCAL	ION			
		RUPINI	5/6/81	Mt Aubu	Ne In S	- 11	COUNTY	STATE	
	24. F	UNERAL DIRECTOR		- Taca	25a. DATE REC'D. BY RE		TRAR'S SIGNATU	RE	
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AND PERSON	3.583	male 4.R	black	5. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA 45 YR	RS IF UNDER	1 YR. IF UNDER 24		TE UNCED	MONT 4			1:20
THE STATE OF THE S		BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD		75. CITIZEN OF WHAT COUNTRY?  USA  **MARRIED   NEVER MARRIED   Baltimore C:  WIDOWED   DIVORCED   Baltimore C:						JNTY OF			
190	E	TY OR TOWN OF D		Deaton	PITAL, NURSING HOME, CHITY, GIVE STREET ADDRESS) Medical Cen	ter	NSTITUTION II	20. USUAL OCC FOR MOST OF W		(TYPE OF WOR	RK 12b. K	OR INDUST	ISINESS RY
PECONT RECORD	13a. S	MD	HIS COUNT	R OTHER INSTITUTION, GIV Y	RESIDENCE BEFORE ADMISSION IS. CITY OR TOWN Baltimore	13d.	INSIDE CITY LIMITS?	3. STREET ADD	RESS Seag	ull.	Ave	nue	
300		THER'S NAME FIRST Raymon		MIDDLE	Gross		MOTHER'S MAIDEN Dorot	name hy	MIDDLE		Sim	LAST S	
JRS AFTER DE GIVE PAGES 1 AND THE FORM WITH FORM DIVISION OF THE PAGES 1 AND DIVISION		WAS DECEASED EVER IN U.S. ARME YES, NO. OR UNKNOWN) (IF YES, GIVE WA NO		AED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 216-30-1581		Glenda Grimes 9		934 Seagul		ull	l Ave.	
IICAL EXAMINER ALONG V A BURIAL-TRANSIT PERMIT, H AND MENTAL HYGIENE, E MATION, OR REMOVAL.		Canditians, if gave rise to cause (a) stati lying cause la	a immediate	(0)	as a consequence of		у						
DICAL EN A BURIN	z	PART 2 OTNER SIGNIFIC	ANT CONDITIONS (	ONTRIBUTING TO GEATH I	DUT NOT RELATED TO THE TERMI	NAL OISEASE OR C	ONOITION GIVEN IN PART I	l 10 .		10.1.1			
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TE DEPARTMENT OF HEALT	MEDICAL CERTIFICATION	190. DATE OF OPE  210. EXTERNAL CA  UNDERLYING  CONTRIBUTING	RATION  AUSE WAS  OR  CAUSE OF D	21b. TIME OF HOUR A.M. PEATH P.M. 21e PLACE C	ION FOR WHICH OPERA	ATION WAS P	ERFORMED?						
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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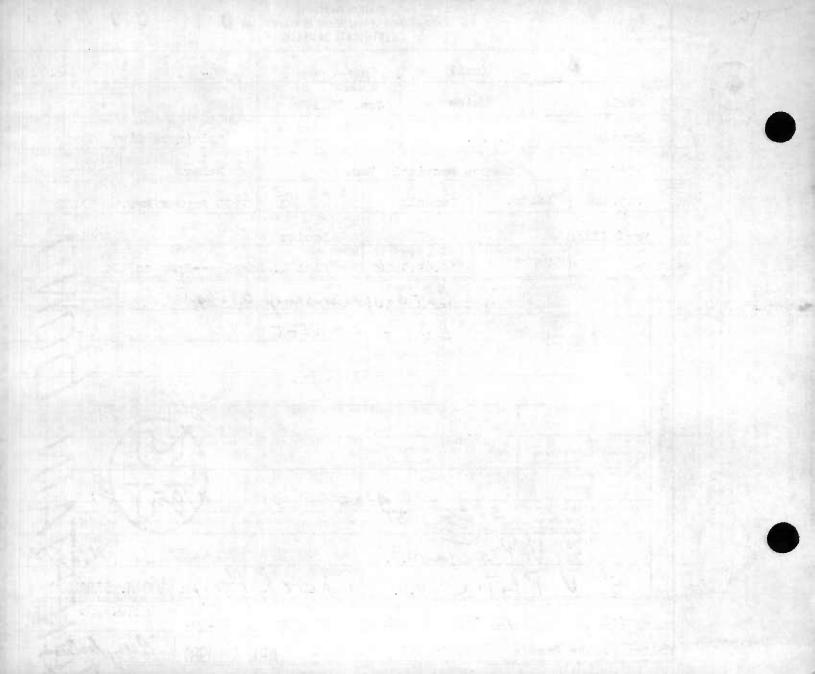
*	1.	FOR STATE REGISTRAR	DEP /	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8   0	9 7 9 4
. e 4		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
may be page 3		IRENE	M	HADDOCK	APRIL 20, 19	
Page 4 mc director, p hours after	3. SE	× 5	4 RACE	5. DATE OF BIRTH  MONTH / 2 4 DAY  1 1 / 2 4 2 1	6. AGE   IN YEARS LAST BIRTHDAY)  59  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
4 52-	10. B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF COUNT BALTIMORE	Y OF DEATH CITY
the f	10. C	BALTO	FIF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION PRESS HOSPITAL	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY  CITY HOSP
212 hour d in be f	USU 13a	AL RESIDENCE (IF NURSING TO STATE D.	GIHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 57, H	ELENA
BALTIMORE, MARYLAND one be executed within 24 ysicion and campletely fille, ppers. Pages 1 and 2 should vol. t, the medical examiner mus		THER'S NAME  FUGENE	MIDDLE DYER LAST	15. MOTHER'S MAIDEN I	NAME	1467
e execute n and car Pages 3		YES, NO OR UNKNOWN) I (IF YES, GIV	VE WAR OR DATES	ECURITY NO. 17. INFORMANT  0 1781 DOLORES	SHIFLET!	ABOVE
W. PRESION ST.,  I the death certific  I the other phy y the other carbon pr cremotion, or remo ther troumatic even	5 2 7	PART I. DEATH WAS CAUSE	All one couse per line for (o), (b) ED BY:  TE CAUSE (o)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE	SOUENCE OF Severe ane	Ceriline	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A Down The Cook of the Price of	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \cap \)
DIVISION OF VITAL  NG PHYSICIAN: The artending physician state burd-transit pass the burd-transit pass the burd-transit pass the and Mental Hygier parked or item 8 shound the pass the properties of the pass the	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18.	
DIVISION NG PH after this as the I thand	ME	WHILE NOT WHILE AT WORK	I AT HOME, STREET, FACTORY, OF	CICE, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
DIV ATTENDING hospital or of RECTOR: After led for use as t pt. of Health a		22a. I certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no		om	on death accurred on the date and ha	19, that (I) (we) last or and from the causes stated
OR DIRE		22b. SIGNATURE	nen Su	DEGREE ATTENDING PHYSICIAN		27c. DATE SIGNED
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (TYPE O	ORPRINT) REAJ Su	22e ADDRESS	INS HOPKENS MOS	
BP OF A	23a I	BURIAL, CREMATION, REMOVAL	23b, DAJE	231. NAME OF CEMETERY OR CREMATOR BELAIR CEM	23d. LOCATION BITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	THE RESERVE OF THE PERSON NAMED IN	25a. D	DATE REC'D, BY REGISTRAR 256, REGIS	

SENT PROPERTY SUBJECT A RESIDENCE OF A SECTION OF A SECTI TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pag

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR - STATE		DEPARTM	MENT OF I	E OF MARYLAND TEALTH AND MENTAL HYG	IENE 8	0	9 /	9 5
	REGISTRAR DECEASED NAME FIRST	MIDDLI			FICATE OF DEATH	REG. N	O.		
	TYPE OR PRINT)	(nmi			HAGFI	4_25- 81	MONTH 0	AY YEAR	3:00
3.	Male	4 RACE White	e	5 DATE 6 MONT Jai		6. AGE (IN YEARS LAST BIF		FUNDER TYEAR	IF UNDER 24 H HOURS M
77	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Germany	76 CITIZEN OF WHA	T COUNTRY?	MARRIE WIDOW	DIX NEVER MARRIED DIVORCED	9 BALTIMORECITY C Baltim	R COUNTY		
35	Baltimore	Church	ility, GIVE STREET A Hospita	G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Baker	ION	12b. KIND O	F BUSINESS
35	SUAL RESIDENCE IF NURSING HE ME 30. STATE COU Maryland Ba	INTY 13c.	residence Before CITY OR TOWI Dundalk	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 1977 Snyd	er Ave	. 212	222
30	FATHER'S NAME  Maximilian		Hagel		Louise	ME MIDDLE		Steir	ner
2 16	O WAS DECEASED EVER IN U.S. A  JYES, NO OR UNKNOWN)  NO	IVE WAR OR DATES)	SOCIAL SECUI 16,09.7		Elsa A. H	ADDR MazelSai		13e	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line to ED BY: ATE CAUSE (o)  DUE TO, OR AS	Caro	101	rulmonary	arrest		BETWEEN	MATE INTERVAL ONSET AND DEA
	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION		18UTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	999	N IN PART 1(d	
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7	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA		RM, ETC )	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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73	22b. SIGNATURE	1. Plat	1-1	d.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔲	22c. DATE	SIGNED 25/8
	15 V1	Platia	_ M.C		Church	Hosp.	100 N	. BROA	YAWC
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burîal	23b. DATE 4/28/198			emetery or crematory awn Cemetery	23d LOCATION CITY OF TOWN Balto.		QuantMD.	STATE Md.
	FUNERAL DIRECTOR alter Brooks Bra		11-11-14		25a. DATE	REC'D. BY REGISTRAR	25h REGITA	AR'S SIGNATION	Reads



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3,	1-	STATE REGISTRAR			ICATE OF DEATH	REG. N	0.	
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y be			Buby B	1 ///	9 C L.		4 26	8   9-50
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oth. Po	Ta. BII	RTHPLACE ISTATE OR FOREIGN DUNTRY)	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		PEATH
ofter de	10. CI	TY OR TOWN OF DEATH		, NURSING HOME	DR OTHER INSTITUTION	12a USUAL OCCUPATE	ION 12	b. KIND OF BUSINE
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d within	14 FA	THER'S NAME Michael	Ha.	LAST	15. MOTHER'S MAIDEN NA Brenda	Mae Mae		НаТ°Ъ
and composes 1 or		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRE	ESS	
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OR A DIRECTOR	0	226. SIGNATURE Cocinya			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE SIGNED
14 Th 14 Th 16	1		PRINT		22e ADDRESS			
14 Th 14 Th 16		22d. PHYSICIAN'S NAME (TYPE OF	2Azyum2					
TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote Ward the Stote	23a. B	1 - 1			EMETERY OR CREMATORY  IS Mem. Pk.	23d. LOCATION CITY OF TOWN Balto	col	YINL

April 19, 131 make 50 77.20 9507.27.27 ention Spelasos ANYS 131 UTOTE LATE chasys dosfiest who life A CONTRACTOR STATE OF THE STATE KANTON SCYDE ET P THE WALL OF LOCAL organization also le 1301 unmun donet Junione, locational and meditarient 1861 8 1994

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	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO HICATE OF DEATH	GIENE 8   REG. NO	0 9	8 0	0
)		CEASED NAME FIRST E OR PRINT)	ACE MIDDLE	5. DATE (	H DAY YEAR		MONIH		DER 2 HRS
optiled stones	<b>B</b> e	altimore Md	CITIZEN OF WHAT COUN U.S.A. NAME OF HOSPITAL, N TENOTINGSICHAES, GNE	ATRY? 8. MARRIE WIDOW	DIVORCED DIVORCED DR OTHER INSTITUTION	9. BALTIMORE CITY OF BALTO C 17 120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	TY 12	EATH	MD.
exominer must be n	130 S	ALRESIDENCE (IF NURSING ALL ROTM STATE ITYLAND ATHER'S NAME Late David Hall	13 <b>ES</b>   <b>X</b>   <b>P</b>		13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA ERST Amel		ing Ave	21227 LAST	
Z medicol	1	WAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IEYES, GIVE WA		SECURITY NO.	Mrs Mildred	Hannum 5590		g Ave.,	21227
injury, or ather traumotic event, the	>	PART I DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONS	SEQUENCE OF	NOT PELATED TO THE TERM	AINAL DISEASE OF CONF	DITION GIVEN IN	PART I(a)	
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES [	RE FINDINGS U	
rked or Item 18 shows any	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE FITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE ONT WHILE AT WORK AT WORK	216, TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		OUNTY	STATE
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8		Leuis			900 CATON	AVE BALTO	MD. 21	229	

23c. NAME OF CEMETERY OR CREMATORY
Westview Memorial

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR
HETTY H Witzke 4112 Columbia Rd Ellicott City

april 9 '81

236. DATE

23a. BURIAL, CREMATION, REMOVAL

Cremation

134 LOCATION Catorisville Marylan Slate APR 15 1981

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EALTO, NO ST. AGNES HOSPITAL

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Mrs Mildred Baneus J.W Levering Ave., ElsE

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112	1	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 1 0 S	8 0 2
BD		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Wan.	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26. HOUR
A CENT			OWARD W.	HAM	APRIL 2 198	9:26 A
	3. SE	X	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR IF UNDER 24 HRS
5 25		ale	white	March 3, 1903	78 YRS.	
# # # # # # # # # # # # # # # # # # #	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
1 10 1/8		outh Dakota	USA	WIDOWED DIVORCED	Baltimore	
10		ltimore	(IF NOT IN SUCH FACILITY, GIVE STRE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) retired Clothi	12b. KIND OF BUSINESS OR INDUSTRY
2120 nours in b			OR OTHER INSTITUTION GIVE RESIDENCE BEFO	INS HOSPITAL  DRE ADMISSION)	Lection Clothi	et.
MARYLAND 21201 ed within 24 hours ond 2 should be fill examine must be ne	Ma	ryland Wor	rcester Pocomo	ke YES X NO	13e. STREET ADDRESS 1513 Linden	Avenue
with with d 2 sl	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
		Charles	На			Dinnis
BALTIMORE, cole be executed to green and cole by the medical of th	(	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES!		m 1513 Linden Am Pocomoke City	rime . Md. 21851
SALT offers of the bound of the		18 CAUSE OF DEATH (Enter o	only ane cause per line far (o), (b), o		· )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e o o o		PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (a) TUTRACT	ABLE HYPOTE	Usion	
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W. PRESTON ST of the death certical of the ottending settemation, or ren other tradimotical		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO			· Vana
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			(a) HTMUS	-10-0011-	) Scare	peurs
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
O MANAGE 40-7-9 7-	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
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VITAL RE No. The long system of the host consist per cansis per Hygiene process.	E E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
N OF VITA ng physicia certificate mid-transit tem 18 sh	AL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
Phygiend and Merical and Meric	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
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3 0 0 0 0		22a.1 certify that (I) (this hosp	pital) attended the deceased from	3/31 , 19.81	, to, 19	, that (1) (we) lost
TTR TTO TO For Portion		sow the deceased plive on above (I) (we) (did) (did no	at) view the body after death.	ond that in (my) (sor) opinion	death occurred on the date and hour o	and from the couses stated
the hos		22b. SIGNATURE	1 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RAL dete		Leanein	Konning	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/481
HOSPITAL Indeed by the FUNERAL UID be det to the State ORTANT:		27d. PHYSICIAN'S NAME (TYPE C	ORPRINT)	22e. ADDRESS	ADDELAGE 11-	0.5001
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	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP	24 FI	Burial UNERAL DIRECTOR	4/4/81 Pi	tts Creek Pres.	Cem. Pocomoke Wo	rcester Md.
DHMH-16 30M 2/80 (VRA 15, 4)	3	cott S. Mels	Pocomo		RG 1981 Lists	y McGrady

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Apr 24 1981

Leonard J. Ruck Inc. Baltimore, Maryland

FOR - STATE

REGISTRAR

(SPECIFY) Burial

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

FIRST

MIDDLE

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

April 21, 1981 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 102 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 13e STREET ADDRESS Balt., Md. 21206 4324 Shamrock Avenue MIDDLE Moreland J. ADDRESS Balt. . Md. 21206 Ida M. Niedling 4324 Shamrock Avenue number 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Baltimore, Maryland 23d. LOCATION Maryland STATE Pikesville Druid Ridge Cemetery 250 DATE REC'D. BY REGISTRAN 256 REDITRAN'S SIGNATURE APR 2.2 1001

REG. NO

DAY

YEAR

2b. HOUR

20. DATE OF DEATH MONTH

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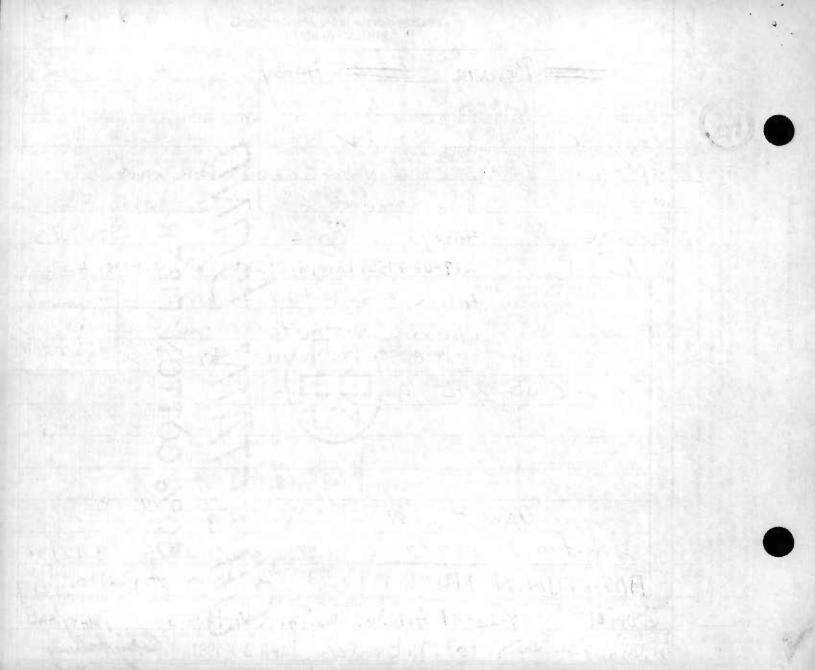
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SECOND   S	ė e š ė, ) -	10. C	BALTO.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12b. KIND OF BUSINESS OR  (TYPE OF WORK FOR MOST OF YORKING LIFE) INDUSTRY
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B CAUSE OF DEATH Enter only one course per line for (a), (b) and (c)   RTYCE COURS (a)   RTYCE CONSTANT OF ANY COURSE (a)   RTYCE COURSE (a)   RTYCE CONSTANT OF ANY COURSE (a)   RTYCE COURSE (a)	ond ca			The social steems of the socia
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PHYSICIAN DIRECTOR PHYSICIAN DIR	a se e		22a.l certify that (I) (this hasp saw the deceased alive on	9/2 3 ond that in (my) (our) apinion death occurred on the date and hour and Irom the causes stated
STEVEN BAPP  268 CHALET CIR. W., MILLERSUILLE, M.  230. BURIAL, CREMATION, REMOVAL 233. DATE  231. BURIAL, CREMATION, REMOVAL 233. DATE  232. NAME OF CEMETERY OR CREMATORY  CITY OF TOWN  CITY OF TOWN  COUNTY  Frankford Sussex  24. FUNERAL DIRECTOR  24. FUNERAL DIRECTOR  24. DATE REC D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE  ADDRESS: D  A	1 - 1 - 0			DEGREE ATTENDING MEDICAL STAFF
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DHMH-16 30M 2/80  24 FUNERAL DIRECTOR  ADDRESS 12  ADDRESS 12  ADDRESS 12  ADDRESS 12  ADDRESS 12		23a.	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DAY I. DECEASED NAME 3:10pm April 18, 1981 Elton Charles Harmon Sr. [13] e 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH DAYS HOURS MONTH DAY White Male Sent 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED MI NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWED DIVORCED 12g. USUAL OCCUPATION IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY The Johns Hopkins Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Supervisor Construction F OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONA USUAL RESIDENCE (IF NURSING HE 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Reisterstown 232 Chartley Drive Md-IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME William FIora Meyers Myers Harmon 166 SOCIAL SECURITY NO. 17 INFORMANT 232 Chartley Drive 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-28-3834 Eleanor B. Harmon Reisterstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST 574 M DUE TO, OR AS A CONSEQUENCE OF ON 2 HRS Canditians, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF LURE underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) HISTUOCYTIC 286. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE APRIL 18 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased glive an above. (1) Dve) (tild did not five the body after death.) and that in (m) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN should be deto with the State IMPORTANT: I PHYSICIAN [ JOHNS HOPKINS HOSPITHL BALTMORE MY 23c NAME OF CEMETERY OR CREMATORY 23d.
Lake View Memorial Park 23a BURIAL CREMATION, REMOVAL 23b. DATE Burial Sykesville, Carroll, Md. BP. TO DATE REC'D BY DEGISTRAR 256. REGISTRAR'S SIGNATURE DHAH-16 30M 2/80 Owings Mills. Md. (VRA 15, 4)

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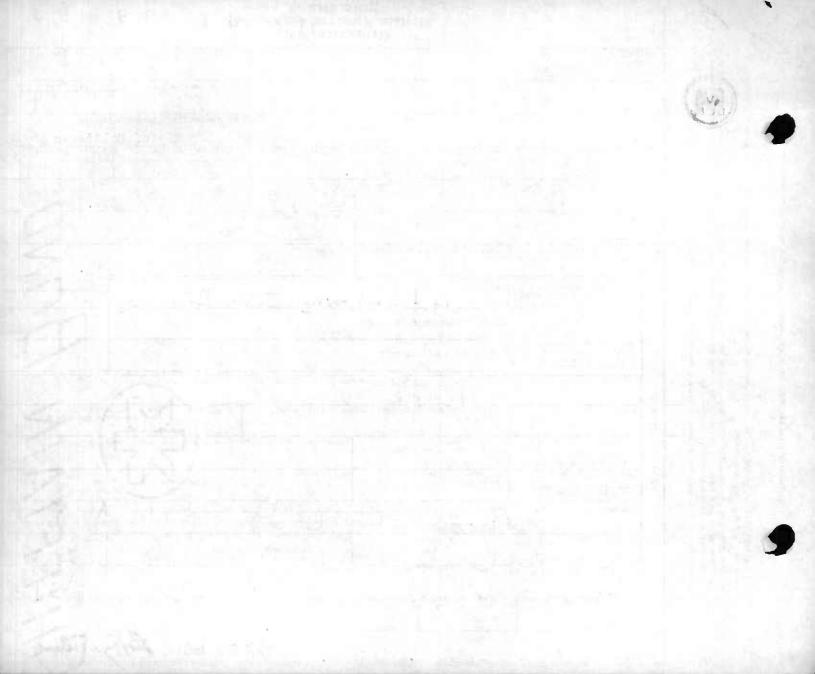
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urs after	20		YOR TOWN OF DEA .ltimore	ATH	I IF NOT IN SU	HOSPITAL, NO CHEACHITY, GIVE Mt. ROY	STREET ADDRESS)	e or other in	STITUTION	TYPE OF WO	OCCUPATE REFORMOST OF Iticiar	WORKING L		OF BUSINE	SS OR
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physician papers. Paemoval.	1		NO  18 CAUSE OF DEAT			215-22		TPHE A	Tired C.	rawlor	d.oll	nac	APPR	DXIMATE INTER	YAL
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou strength of the physician.  After this certificate has been signed by the attending physician and completely filled in bits the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file has had Mental Hygiene prior to burial, cremation, or removal.		CERTIFICATION	Conditions, if any gove rise to immercause (c), static underlying couse	mediate ng the lost.	(c)_	OR AS A CONS			ED TO THE TERM	LINAL DISEA	SE OR CONI	DITION GI	IVEN IN PART	lto	
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YSICIAN physician. s certificat al-transit p ental Hygi	9		210. ACCIDENT WAS UN OR CONTRIBUTING LIF EITHER, NOTIFY MEDIC	CAUSE OF DE	ATH HOUR A	OF INTURY I.M. MONTH I.M.			INJURY OCCUR	RED (ENTER P	NATURE OF INJUI	RY IN ITEM 18,	, PART 1 OR PART 2		
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TOR TOR USE HEA			220 I certify that (1) sow the decease abave (1) (we) (				19 <b>5</b> /	, one that in (m	y) (our) opinion	death occur	red on the do	ote and ha		, that (I) (v he couses sta	
TO HOSPITAL OH AT etained by the hospital TO FUNERAL DIRECT hould be detached for with the State Dept. of MPORTANT: If Item 2			278. SIGNATURE	4 6	mille	ze pl	nD	DEGREE	ATTENDING PHYSICIAN ESS	MEDICA DIRECTO	L STAI		17r. DA	13/8	7
TO HOSI retained I TO FUNI should be with the IMPORT			Dr. J. M	iller				111	'Le st	Van	P 57				
		23o. B	URIAL, CREMATION		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	07	- 1	F CEMETERY O		CITY	ORTOWN		COUNTY	514	TE
BP		24.51	Burial		4-13-	91	St. Li	ike's Ce	metery		sters		Mary.		
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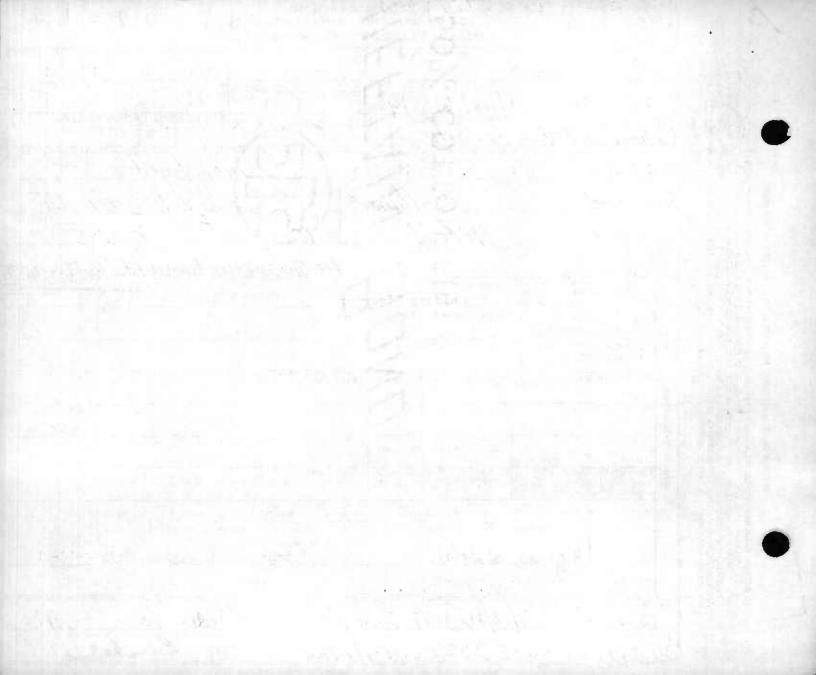
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43	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENB   REG. NO	093	1 3
The state of the s		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		26 HOUR
be the	,,,,,	WILLIAM				HARRIS		4 24 81	M
No.	3. SE	X	4 RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT		
96.7		MALE	BLACK		5	21 1921	59	YRS MONTHS DAYS	HOURS MIN
no more market	C	RTHPLACE ISTATE OR FOREIGN OUNTRY)  JIRGINIA	76 CITIZEN OF	WHAT COUNTRY?	8. MARRII WIDOW	ED XNEVER MARRIED D		Y of Baltimo	ore MD.
is ofter of by the fulled with	1	TY OR TOWN OF DEATH	3803	RIDGEWO	OD AV		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O RETIRED	ON 12b. KIND F WORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 212 AND 212 AND 212 Filled in hould be	130.	ALRESIDENCE (IF NURS) STATE MARYLAND	M COMER INSTITUTION, NTY	GIVE RESIDENCE BEFOR 13c CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS?		EWOOD AVE.	
MARYLA withing ompletely 1 and 2 sh	1	ATHER'S NAME PHILLIP		RRIS LAST		SALLIE	WIDDLE	MEALY	AST
ALTIMORE. The be executed by the control of the con	160.	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? /E WAR OR DATES)	16b SOCIAL SECL	IRITY NO.	17. INFORMANT EDNA HARRIS	3803 RID	GEWOOD AVE.	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN; The low requires that the death certificate be executed within 24 hours oftending physicion.  In this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in hat mand Mental Hygiene prior to buriol, cremotion, or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)  WAS Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OI	R AS A CONSEQUE	ENCE OF	way e	V. Dro.	BETWEEN	XXMATE INTERVAL N OMSET AND DEATH
SECORDS, 301  low requires the speen signed b smit. Then pleas prior to buriol, or or ony injury, or or on the speed secony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT	A	tulor	n	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
The k icion.	E E						YES NO	IN CERTIFYING CAUSE YES []	NO [
SION OF VITAL RECOR	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EFTHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	ATH HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DING PH or otten or otten se as the k inclin and morked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.}	STREET	CITY OR TOW	N COUNTY	STATE
TTEN Pitol for us of He		22s.1 certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (did) (did no		e deceosed from	+1.0	0	eoth occurred on the do	19, 19	, that N) (we) lost e cover stated
OSPITAL ed by the UNERAL de deck the Stote		226. SJESKRATCINE 226. PHYS. THAN S AME ITHE	00	13/0		DEGREE  ATTENDING PHYSICIAN  Re-ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F IAN [] IZL DAI	SIGNED TO
To teroin with Manual M	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	230	VAME OF C	EMETERY OR CREMATOR	234 COCAMON OFF OR FOWN	in life	100
1510		REMOVAL	4-2	4-81 M	EALY	FAMILY CEMT	GOOCHLAN	D VIRO	GINIA
DHMH-16 60M 1/73		UNERAL DIRECTOR		ADDRESS		0.00	PEC D. BY REGISTRAR	ASSESSED THE STORE OF THE STORE	Breedy
(VR A 15 (4))	1	PHILLIPS FUNERA	L HOME	1771 N. I	MONRO	F ST   AFT	1 4 0 1301		1



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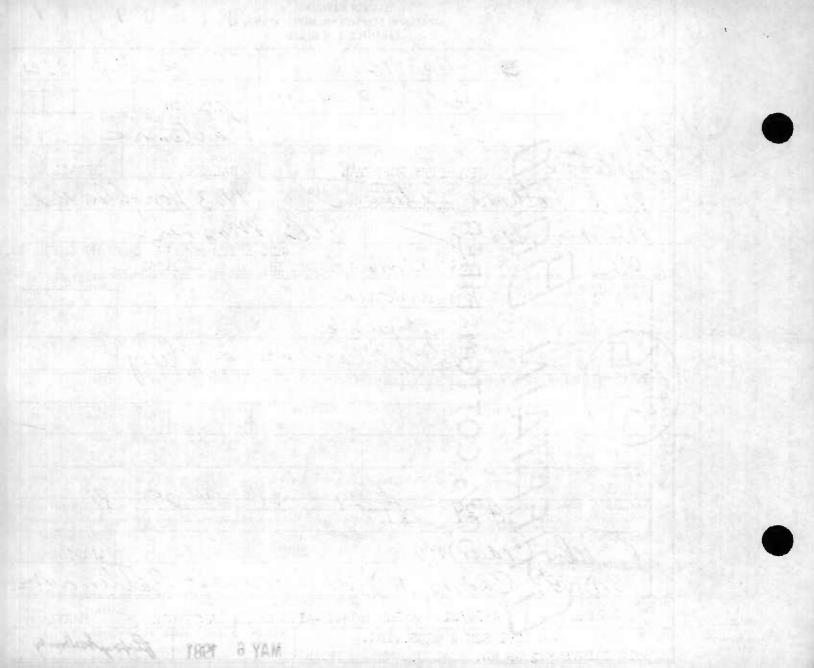
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	1.	MEDICAL EY AMINED'S CEPTIEIS ATE OF DEATH	EG. NO.		
		CEASED NAME FRIST MIDDLE LAST 26. DATE KNO	WN MONTH	DAY YEAR 26. HO	UR
** * * * * * * * * * * * * * * * * * *	(17)	Steven Harrod DEATH MAT	TI- TED XXX 4	13 19 81	
PLEASE CTOR FILES HOURS	3. SE:		HTHOM		M
N S S S S S S S S S S S S S S S S S S S		ale Black // /8 6 / Gyrs. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	4	14 19 81 24 HC 7:	00
3/5 TEAL	Ja B	IRTHOLACE (STATEOR 76. CITIZEN OF WHAT COLUMTRY? 8 MARRIED NEVER MARRIED 18 9. BALTIMORE			
	> (2	Alvert (n. Mr. U. S./t. WIDOWED DINORCED DINORCE	imore Ci	ity	MD.
THE FINAL OF THE F	10. C	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	N me or from		
SS R P T P	/ B	altimore / 1306 N. Aisquith Street	red		
21201 FANY C RETAIN RECORD	1375	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. OUNTY  136. INSIDE (11Y LIMITS?  YES IN NO   138. INSIDE (11Y LIMITS?  YES IN NO   139. INSIDE (11Y LIMITS?  YES IN NO   149. IN STREET ADDRESS	Aisau	ith st	
D. 33.	14. F.	ATHER'S NAME / IS MOTHER'S MAIDEN NAME /	11.39 0	(11) 31	_
NA PRINCE		SAST MIDDLE HARRY LAST THOMPS AND THE MIDDLE	14,0	LAST	
AN ANGE	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   AD	DORESS	/10	
LE PER PER PER PER PER PER PER PER PER PE	()	(IF YES, GIVE WAR OR DATES)	101711	(1) 1000000	a
RS AS IN OIL	=	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	00 365	APPROXIMATE INTERVAL	2
ST. ST.		PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEA	HTH
ON THE PER PER PER PER PER PER PER PER PER PE		7803 IMMEDIATE CAUSE (o) Seizure Disorder  ( DUE TO, OR AS A CONSEQUENCE OF			-
WHY A PANCE OF THE STATE OF THE		Conditions, if any, which			
RAPE RAPE	-	gave rise to immediate (b)			_
A PER CANAL OF WENT OF		cause (a) stating the <u>under-</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF			
S. S		(c)			
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOR YOUR PROFESS PROUCH PAGE 3 SHOULD BE FOR SA BURBAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF YITAL RECORDS, 201 MF PREST	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.			
LINE WILD THE MENT OF THE MENT	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?	
A CANADA	1 1			YES XX NO [	
DE NORTH OF W	21 8	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN	ITEM 18 PART 1 OR P		_
S THE COULT	2	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19			
ISIO TERTII	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION			_
DIV HIS CI WRITI WARDE AAGE 3 ATE D	2	WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	C	OUNTY STA'	31
ATE, DRW		22a. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection . Inquiry	, and in my o	noinian	
M D T T T T		death resulted fram: Natural causes X. Accident . Suicide . Homicide . Undetermined manner	Π.		
ERTIES OF WALLE		TITLE (SPECIFY)			
M. M.		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE	4-14-81	
SEA SEA		MEDICAL EXAMINER	SIGN	EU	_
PER CURE	4	(TYPE OR PRINT) Virginia L. Dolan, M.D. ADDRESS III Penn Stre	et		
PAFT PACE	23a.B				=
	. (	URIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY  236. LOCATION  CHOS TOWN  LINEPAL DIRECTOR  236. DATE BEGINS OUT  LINEPAL DIRECTOR	200	UNTY STATE	
BP	24 F	1 1230. DATE REC D. DI REGISTRAK (2)	REGISTRAR'S	SIGNATURE	_
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	1.0	REGISTRAR DECEASED NAM	E FIRST		MIDDLE	EXAMIN	EK 3 C	LEKTIFIC/	ATE OF D		REG. NO		DAY YEA	R Zb. HOUR
		TYPE OR PRINT)								2a. DATE K	ESTI-			10.110011
IS NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS I W, PRESTON STREET.			Bes		В.		1.0	Hart			MATED [	4 2		
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S	- 47	female_	black	JULY 6		85 YR	S.			DEAD			29 19 8	
	10.	BIRTHPLACE (S	TATE OR	76. CITIZEN OF	WHAT COU	NTRY?	8. MARR	IED T NEVE	R MARRIED	9. BALTIMO	RE CITY OF	COUNTY	OF DEATH	PM
-	2	MARYL		US	OF A		WIDOW	VED 🗍	DIVORCED [		timor			MD.
	10.	CITY OR TOWN	OF DEATH	11, NAME OF H		JRSING HOME,	OR OTH	IER INSTITUTIO	ON 12a	OR MOST OF WORKE	TION (TYPE	OF WORK 12	OR INDU	BUSINESS
3	38 :	Baltimor	e			Hospita	1			RETI		1	DOMES'	
		UAL RESIDENCE	(IF IN NURSING HOME			E BEFORE ADMISSIO	N)	13d. INSIDE CITY	1 Inures   112.	STREET ADDRES	c			
	-	MARYLANI		VII		LTIMORE					W PLA	CE A	PT. #	920
	14.	FATHER'S NAM			1 4/50			15. MOTHER	'S MAIDEN NA	MF				
6	00	JAMES		MIDDLE	BI	JTLER		FANN		MID	DLE		WATERS	3
-	160	. WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17. INFORMA			ADDRESS		MATTER	920
1		NO OR UNKNO	OWN)   IF YES, GIVE	E WAR OR DATES)	217	7 36 311	.7	MP C	EORGE A	A. HART	1701	FILTA	W PL.	
	-		OF DEATH (Enter or	nly one cours as a			+1	PILLO O	TOTOTI I	nani nani	1701	DO IA		ATE INTERVAL
	) Italian		EATH WAS CAUSE	D BY:			1+10	andia	1720011	ar disea	200			SET AND DEATH
VAL		4120	MMEDIA			NSEQUENCE C		Caruic	vascul	ar arses	136			1995
N E		Conditio	ns, if any, which		OK AS A CO	INDEGOETACE C	/1							
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1	1 5	DATE OF	OFERATION	IVE CON	DITION FOR	WHICH OPER	W MOITS	AS PERFURM	EU!			1.00	20 AUTOPS	
1	1 2	210 EVIEDA	AL CAUSE WAS	215 TIME	OF INJURY		101. 14	OW INTEREST	CCURRE				YES [	XON [
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	1 5	CONTRIBUT	ING CAUSE OF		P.M.	19						0.37	n fold	
	MEDICAL	21d INJURY	OCCURRED  NOT WHILE [		E OF INJUR'			CATION		CITY OR TOW	V	COUN	ITY	STATE
	1	AT WORK	AT WORK											
		220 1 cert	ify that I took chor	ge of the remains	described ab	ave, held an	Autop	isy 🔲	Inspection X	X Inquiry	ond ond	in my opin	nion	
		deoth result	'	oral couses	Accident		cide	Hamicid		determined man		,, ,,		
		deomineson	14010	XX	Actioent	, 301	.ue L_	TITLE (SPE		Colernialed III(II)				
		ACTUAL SIGNATURE	Urcin	us ZA	Aa.		4.4	Assis	to a mate	AEDICAL EXAMI	NIED	DATE	4/	30/81
-	7	SIGNATURE		*******	do T	Dolan I		1.0100	N	VEDICAL EXAMI	NEK	SIGNED		
-100	1	EXAMINER'S (TYPE OR PRI		Virgin	1a L.	Dolan,	T.D.	ADDRESS 1	111 Pen	n Street	t, Bal	to.,M	D 212	01
	73		(TION, REMOVAL)	23b DATE	72.	NAME OF CEM	AFTERY O	ADDRESS		LOCATION				
	1.3	(SPECIFY) BURIA		5/2/81					D	ANDALLSI	OWN	(BALT	(.0)	MD.
	24	FUNERAL DIREC		2/2/01		T. THOM	TAD (	CEMETER 25		BY REGISTRAR			SNA JURE	1100
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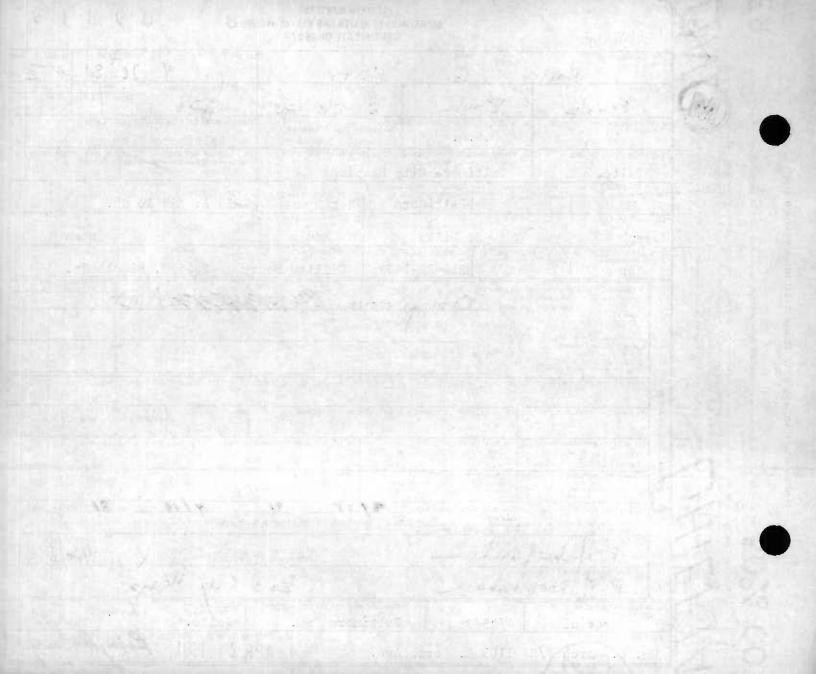
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y be	death death	(714	CEASED NAME FIRST		TIG-	20. DATE OF DEATH MONTH	29-8/ 330Am
Page 4 ma	SILAW N	1. St	* MARE	White	S DATE OF BIRTH	6. AGE IN VEARS LAST BETHEAV	MUNDER TEAR OF UNDERSTANDS
death. Pg		7a. 8	IRTHPLACE / ISTATE OR HOREKON 7	LIS A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Sattimore CITY OR COUN	CITY MD
201	88	1	Latterore	UNIVERSITY I		17s. USUAL OCCUPATION (TIPE OF WORK FOR MOST OF WORKING SALESMAN	124 KIND OF BUSINESS OR RETAIL
AND 213	BS		STATE THE TOTAL THE TOTAL OF TH	GLEN B	RNIE LIK INSIDE CHYLIMITS?	134 STREET ADMINESS HOW	ghten Rd
MARYL red within	1200	) H. E	Moris "	Justia "	IS MOTHER'S MAIDEN NA	Mosner	IAST
BALTIMORE,	Poges /		WAS DECEASED EVER IN U.S. ARM VES HOSPUNGOWNS IN HEL ONE	WAR DR OATEST THE SOCIAL SECUR	50/6 GLEN BURNIE		1403 HOUGHTON RD
201 W. PRESTON ST.,	n signed by the attending physic. Then please remave carbanapee r ta burial, crematian, ar remaval. injury, or ather traumatic event, th	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ysema	A coo	BETWEEN ONSET AND DEATH  WEN IN PART 1(a)
AL RECC	icate has been transit permit. I Hygiene prior 18 shaws any in	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WHICH (	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO [4]
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir	riol-i ento Item	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM TO	3, PART 1 OR PART 2)  COUNTY STATE
0 0	tectors: Atte	4	WHILE NOT WHILE AT WORK  220. I certify that (I) (this haspite saw the deceased alive an abave. (I) (we) (did) (did not)  220. SIGNATURE	al) attended the locased fram_	4-29 19.8	death accurred an the date and hi	, 19 , that (I) (we) last our and from the causes stated
PITAL by th	State State		224 PHYSICIAN'S NAME (TYPE)OR	print)	ATTENDING PHYSICIAN   220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4/29/81
	should be der with the State IMPORTANT:	230	SIDNBY BURIAL, CREMATION, REMOVAL	(RA/N / 23b. DATE   23c N.	MI) 225 GY AME OF CEMETERY OR CREMATORY	reene of 15h	Umorand.
BP_			(SPECIFY) BURIAL	4/30/81 AN	SHE EMUNAH-AITZ C	HAIM BALTIMORE  TE REC'D. BY REGISTRAR 256. REGI	MARYLAND STATE
DHMH-16 (VRA			6010 REISTERST	LEVINSON & BROS.	MD 21215 MA		ifry holmody



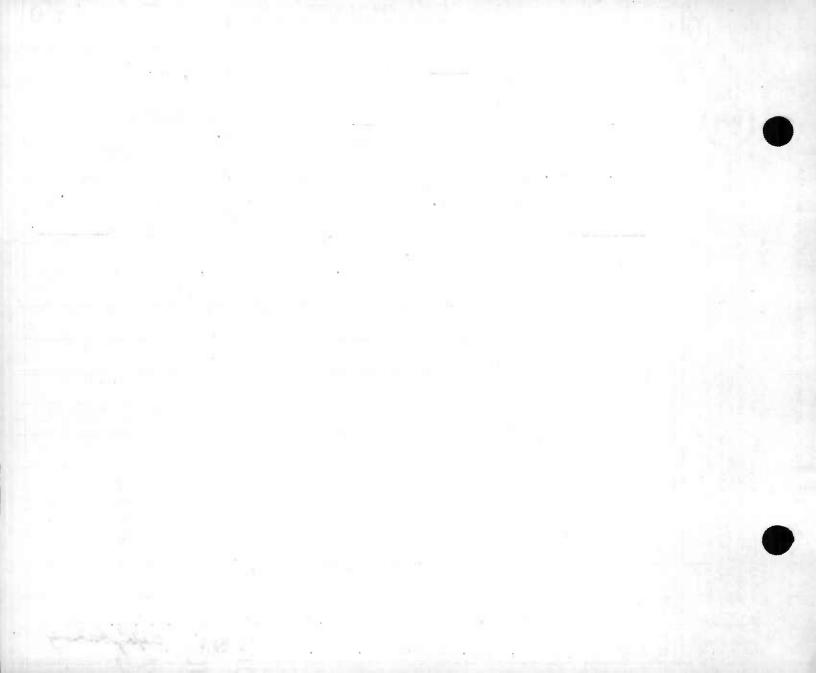
Warner

Pumphrey

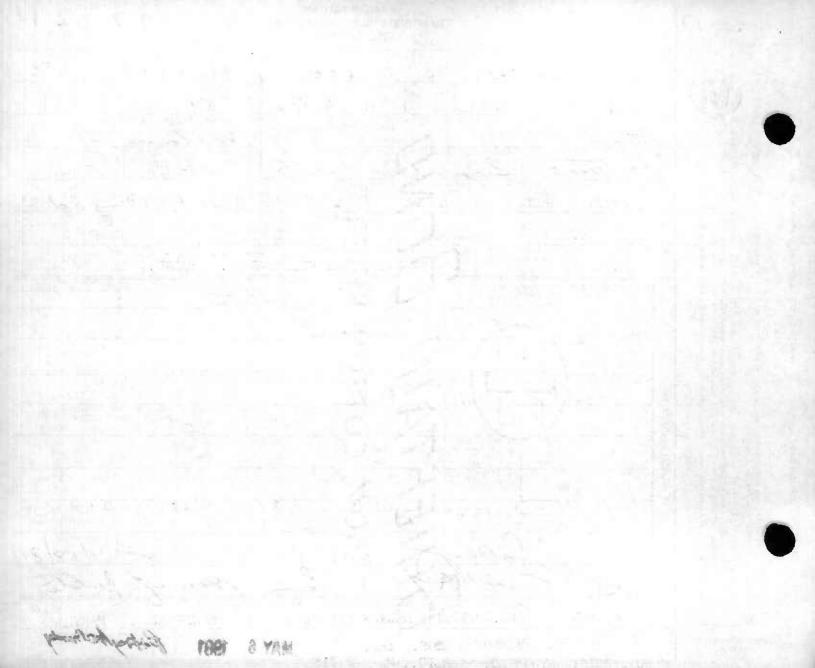
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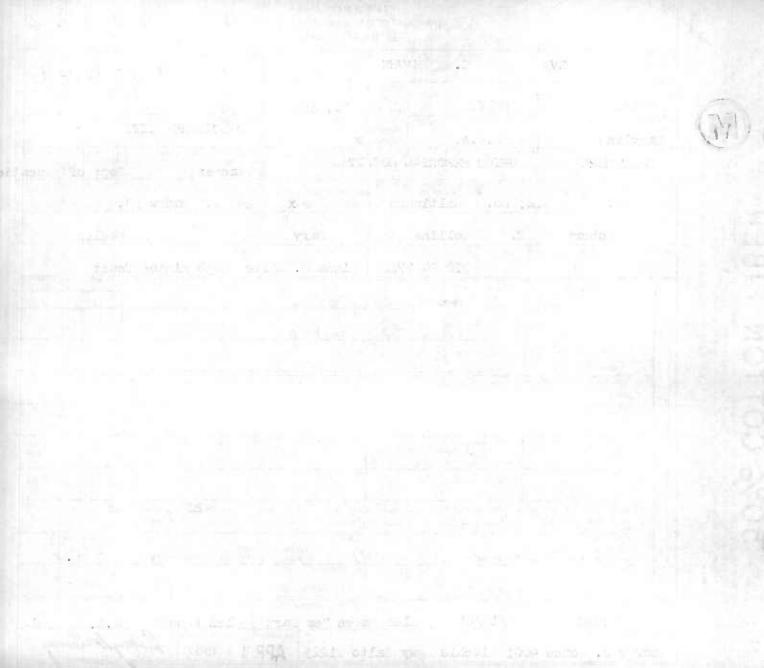


1 - FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 9 8 2 0  CERTIFICATE OF DEATH  REG. NO.
I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Emale	FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR April 4, 1981  4 RACE 5 DATE OF BIRTH MONTH DAY YEAR 1981 MONTHS DAYS HOURS MEN  White 5 C 5 7 5 YRS
Les BIRTHPLACE (STATE OF COUNTRY)	WIDOWED DIVORCED Daltas Hy MD.
of control	URSING HOME OR OTHER INSTITUTION, ONE RESIDENCE REFORE ADMISSION)  136 COUNTY  136 COUNTY  137 CITY OR TOWN  138 INSIDE CITY LIMITS?  130 STREET ADDRESS  15. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. CALL C. A. MIDDLE  16. CALL C. A. MIDDLE  17. CALL C. A. MIDDLE  18. CALL C. CALL
160 WAS DECEASED EV (YES, NO OR YENOWN)  18 CAUSE OF DE PART I. DE ATH	ER IN U.S. ARMED FORCES?  (IF YES, GNE WAR OR DATES)  16 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  APPROXIMATE INTERVAL  MAS. ADDRESS  APPROXIMATE INTERVAL  MAS. CAUSED BY:  (WAS CAUSED BY:  APPROXIMATE INTERVAL  METIMEN ONSET AND DEATH  APPROXIMATE INTERVAL  METIMEN ONSET AND DEATH
Conditions, if o government of the other of	DUE TO, OR AS A CONSEQUENCE OF  Iny, which immediate the DUE TO, OR AS A CONSEQUENCE OF
HECAT CON OUT OF THE CAT OF THE C	Uyberlying   216 TIME OF INJURY   276. HOW INJURY OCCURRED (ENTER HATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
To accident mass of the fellowing physical of the contending physical of th	DICAL EXAMINER) P.M. 19
Down Ill we stone of the stone	ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated    Ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated   Ond that in (my) (our) opinion death occurred on the date and hour and hour and from the causes stated   Ond that in (my) (our) opinion death occurred on the date and hour
BP	SBGH  N, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR FOWN  in April 7, 1981 Glen Haven Mem. Park VLen Burnie, A.A. (o. Manyland)



						STATE OF MARTE	AND	.3.	12 12 13	23 1
	12	1.	FOR STATE REGISTRAR		DEPARTA	NENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	NE B I REG. NO.	0 9 8	2. 1
moy be	deo th	{TYP	CEASED NAME FIRST	anche	B.	Harta	2	DATE OF DEATH MON	21	2b. HOUR
ge 4 m	(IM)	3. SE	P EEMALE	4 RACE WHITE	W	5. DATE OF BIRTH	GEAR 6	AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEA MONTHS DAYS	
oth. Po	22 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76. CITIZEN OF	F WHAT COUNTRY?	MARRIED NEVER	MARRIED -	BALTIMORE CITY OR CO	DUNTY OF DEATH	à
ofter de	by the fun filed within		Pallenge	11. NAME OF		G HOME OR OTHER INS		20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIF	PRKING LIFE) INDUSTRY	BUSINESS OR HOME
LAND 212	should be a	13a. S	mo BA	OR OTHER INSTITUTION UNITY LTO	N. GIVE RESIDENCE BEFORE 134. CITY OR TOW BALT IMOR	E YES DE C	NXXXX	34. STREET ADDRESS	elding	Red. 212
MARY!	ond 2 s	14. F/	ATHER'S NAME FIRST MAX	WIDDIE	BERMAN	15. MOTHER	S MAIDEN NAME FIRST MINN	IE MIDDLE	UNKNO	
MORE,	icion and co		VAS DECEASED EVER IN U.S. , YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 220-44-		ANT MRS	S. SYLVIAPIAS GRD. BALTO	PRIPSTEIN	21208
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. The low requires that the death certificate be executed within 24 hours.	os been signed by the ottendin permit. Then please remove corb ne prior to buriol, cremotion, or a ws ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	(b)_ DUE TO, (c)_ (c)_ I CONDITIONS C	HF,	NCE OF		20a AUTOPSY? 20b	b. IF YES, WERE FIND CERTIFYING CAUSE	DINGS USED ES OF DEATH?
N OF VITAL SICIAN: The	certificate has prior-fransit per entol Hygiene item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	P.M.	19		D (ENTER NATURE OF INJURY IN I	YES	NO [
IVISION	After this e os the bu olth ond M morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	ION	CITY OR TOWN	COUNTY	STATE
OR ATTENDIA	DIRECTOR: oched for us Dept. of He f Hem 21 is		22a. I certify that (1) (his has sow the deceased alive above, (1) (we) (did) hild 22b. SIGNATURE		~ ~ -	DEGREE	ATTENDING	oth occurred on the date o	22c. DAT	that (I) we last ne causes stated
O HOSPITA	TO FUNERAL should be detroit with the Stote		22d. PHYSICIAN'S NAME	5 A	BAY	22e ADDRE	feren.	DIRECTOR PHYSICIAN	of for	C8101
В			BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			TAME OF CEMETERY OR HEBREW FRIEN		23d. LOCATION CITY OR TOWN BALTIMON	RE MAF	RYLAND
	16 30M 2/80 RA 15, 4)	24. FI	UNERAL DIRECTOR SOL	LEV INSO	n & Bros.	, INC.	MAY	REC'D. BY REGISTRAR 25b.	SPAR'S	Bushy
			COLO DE L'ETERC	COUNT DD	PAITO	MD 2121	5			





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W.E. alteret TPUT . UP WEST integral company of an integral manufacti for ax selector i or allies analyzasi CARBOLINA OUR DESCRIPTION FOR STORE LA CONTRACTOR OF PROPERTY and the state of the said of t bl.aliNemetal. was metapped to: Mitting Calonavillu Funcaci some, P.A. 21220 ALK L L 22 L

IMPORTANT: If Item 21 is marked on Item 18 shaws any injury, or other traumatic event, the medical examiner

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	0 9	3	2 5
		CEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DE		H DAY	YEAR	2h HOUR
	( I YPE	VIOLA	A May	HA	YDEN	APRIL	29,	1981		10:08PI
	3. SE	x Female	<sup>4. RACE</sup> Caucasian	S. DATE C		6. AGE (IN YEARS		MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTR <i>USA</i>	MARRIEI		9. BALTIMORE O			ATH	MD.
5	B	altimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR JOHNS HOPKII	REET ADDRESS)		120 USUALOCC (TYPE OF WORK FOR	MOST OF WORL		KIND OF	F BUSINESS OR
5	13a. S				13d. INSIDE CITY LIMITS? YES NO 🗶	13. STREET ADD 201 Devo		rt	210	90
0	14. F.A	ATHER'S NAME William	Clyde Pet	tus	15. MOTHER'S MAIDEN NA/	ME	Este.	lle	Hai	wkins
2	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE 225–16		Mr. Lawnence		address en San	ne as .	item	#13e.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OTHER 2 OTHER SIGNIFICANT OTHER		approximate interval Between onset and death 55 mult						
1	ATION	BEV U LCA (	Caveluova 196. Condition for whi			INAL DISEASE OR	(? 20b.	IF YES, WERE	FINDING	IGS USED
	TIFIC					YES NO	on Inc	CERTIFYING C	AUSES	OF DEATH?
7	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		19	21c HOW INJURY OCCURR 21f. LOCATION STREET		OF INJURY IN IT		PART 2)	STATE
	200	220.1 certify that (1) (this haspit saw the deceased plive an abave, (1) (we) (did) (did na	4/29 19	001	d that in (my) (our) opinion of	, to death accurred an	Y/29 the date ar	19 8 ad haur and fr	-, ,,	that (I) (we) last causes stated
/		226. SIGNATURE  22d. PHYSICIAN'S NAME (17PEO	ug-Wood	M. E	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR F	STAFF	note!	L DATES	GIGNED/
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory ridge Mem. Pan	23d LOCATIO Don's eig	N Ho	wardtoun	TY /	Manyland

250. DATE REC'D. BY REGISTRAR 25 MAY 5 1981

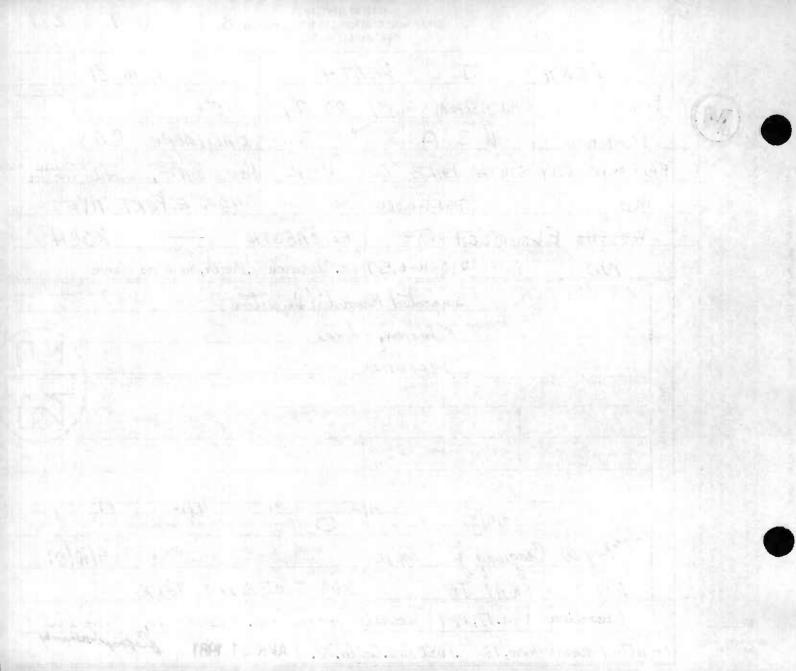
tapsco Avenue Baltimone, Md. 212

DHMH-16 30M 2/80 (VRA 15, 4)

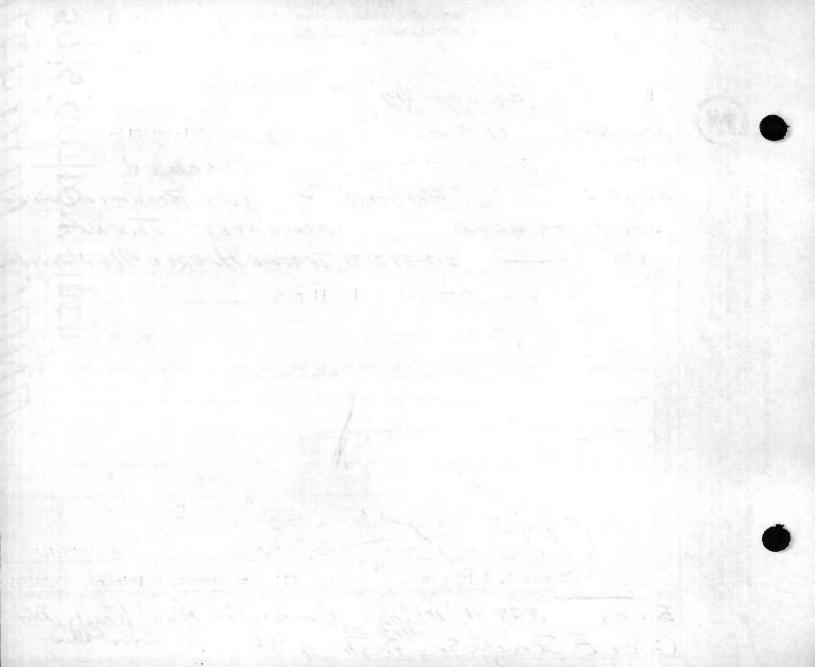
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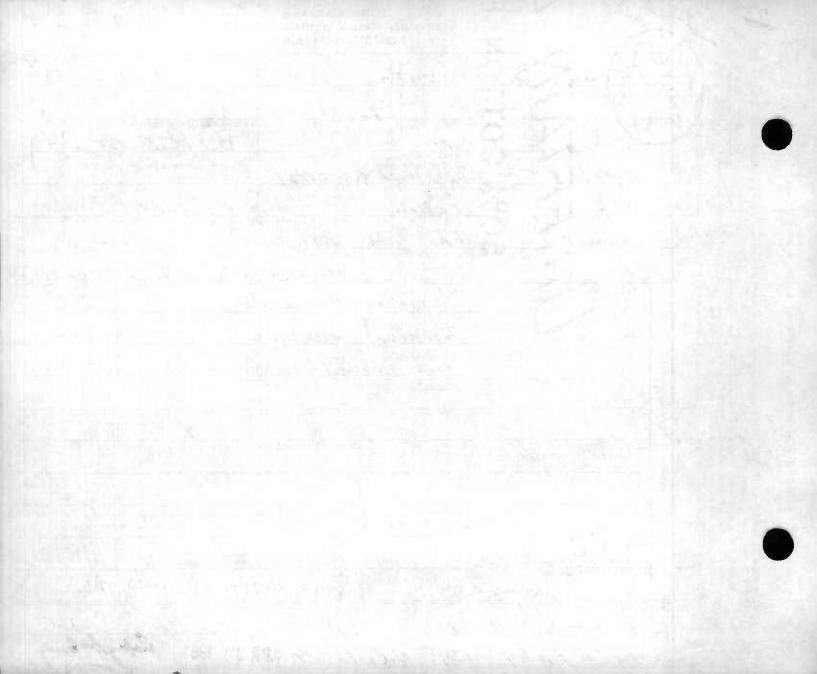
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3		OR TATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE									0	9	8	2	8	
	_	EGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO									NO.				. 1941	
		EASED NAME	FIRST		M	AIDDLE			LAST			20. DATE	KNOWN	R "	HINON	DAY	YEAR	2b HOUR
STREET,	(1112	ON PRINTY	Kennth	1				He	ebron			Ur Ur	ESTI- MATED		4	24 1	. 81	
3.	SEX	4. RACI		5. DATE OF	BIRTH		. AGE (IN YEA	RS IF UN		IF UNDER	24 HRS.	2c. DATE	E	M	HINO	DAY	YEAR	2d. HOUR
	Ma I	e Bla	ck	MONTH Feb.	DAY	YEAR 937	LAST BIRTHDA		S DAYS	HOURS	MIN.	PRONOU	NCED		4	21.	- 91	8:37
1	. BIR	THPLACE (STATE OR		7b. CITIZEN				1					MORE CITY		,		9 81	1 P · M
1	FOR	aril Lan	1	//	1 -	1			D NE					_		01 01	A10	
7	CIT	Y OR FOWN OF DEA	TH	II NAME C	DE HOSBIT	TAL NILIDS	ING HOME	WIDOWI		DIVORC		DALOCCU	imore			AF KIPIE	05.01	MD.
1				(IF NOT IN	SUCHFACILI	TY, GIVE STRE	EET ADDRESS)		K HVSIIIU	TION	FOR I	MOST OF WO	RKING LIFE),	TYPE OF Y	WORK I	2b. KIND OR I	NDUSTE	SINESS
1		RESIDENCE (IF IN NUR		1206	Beaun	mont	Avenu	е	2011		10	15 a	6/6	0 0				_
1	a. ST	ATE /	136 COUNT	Y OTHER INSTITU	JTION, GIVER		OR TOWN .		13d INSIDE CI	ITY LIMITS?	13e. STR	EET ADDRI	ESS_				/	
2		aryland				150	1/1m	200	YES 🕾	NO [	12	06	Bec	ru.	mo	07	1 14	ve.
11	4. FA1	HER'S NAME FIRST	,	WIDDLE		LA	CY		15. MOTHE	ER'S MAIDE	EN NAME		WIDDLE -			1.4		
0	1	E0N	140	BR	00	LA	41	113	MA	PRG.	ARI	ET	1	u	RI	VE	R	
16	ia. W	AS DECEASED EVER			3? 1	16b. SOCIA	AL SECURITY	NO.	17. INFORA			1	ADDRE	SS	12			
	(152	10	(IF YES, GIVE W	AR OR DATES)		212-	34-2	688	JE	ROM	EX	teB.	RON	1	106	M	200	leha
1	Ť	18. CAUSE OF DEATH	1 (Enter anly	one cause r				]							00	APPR	OXIMATE	INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Heart and Renal Failure													BETWEEN ONSET AND DEATH			
		4289 (DUE TO, OR AS A CONSEQUENCE OF											-		-			
		Conditions, if any, which																
1		gave rise to cause (a) stating		(b).		1.60110												
1		lying cause last.	me under-	DUE	IO, OR AS	A CONSI	EQUENCE C	F										
	-			(c)														
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	D DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PA	RT I (g).					211	3.19	
- 1	CERTIFICATION																	
7	5	198. DATE OF OPERA	HON	19b. C	ONDITIO	N FOR W	HICH OPERA	ATION WA	S PERFOR	MED?						2D AU	TOPSY?	-
5																	s 🗆	NO 💢
		INDERLYING CAUS			JR A.M. M		DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER )	NATURE OF IN	JURY IN ITEM	18 PART	OR PART	2)		
7	3	CONTRIBUTING			P.M.	3	19											
	111	III. INJURY OCCURR		21e P	LACE OF I	INJURY	(AT HOME,	211 LOC	ATION									/ III (100
	2	WHILE AT WOT V	ORK	SIRE	ELT, PACTORT	, rakm, ETC.	}	ST	KEEI			CITY OR TO	NN		COUN	ATY		STATE
				- (al -														
		220. I certify that I	-	- V.	J.	~ F	7.	Autapsy		Inspection	-	Inquiry		and in	ту аріп	nian		
		death resulted frame	Newrol	Leauses 🗶	SA AC	cident /	. Suid	. 🗀 عراوز	Hamic		Undet	ermined mo	anner _	].				
		ACTUAL	11	170	1	17	11.0	The	TITLE (SF						ATE		05 / 0	
-	1	GIGNATURE	10	- Ann	M	11	wex		puty	Chie	MED	ICAL EXAM	AINER		DATE SIGNED	4/	25/8	31
21-	E	XAMINER'S NAME	Thoma	s D	Smith	M	D			111 0	Ponn	Ctno	+ 0	_ 1 -			MD C	1201
1	(	THE ORTRIPT			OIIII II	۰ ۱۷۱۰	<i>.</i>	A	DDRESS	111 F		Stree	⇒ I, B	aIT	imor	e,	MD. 2	1201
23	a. BUI	CIAL, CREMATION, RE	MOVAL 23b	DATE	01	23c. NA	ME OF CEM	ETERY OR	CREMATO	DRY /	23d. LO	CATION OR TOWN	1	1	Lough	y /	STA	TE /
3	Di	irial	19	-24-	-81	my	(0/1	any	(cm		100	-	trun		(00	unt	1	nd.
24	I. FUI	VERAL DIRECTOR	00		ADDRESS	- 1	4/2	H.	2	250. DATE F	RC'D. BY	REGISTRA			II S SIG	NATE	E andre	
	6	IVIND	· OC	ruge	955	>1	tro	25/0	15×	- API	27	1981	1		7"		7	
				J	,									-			1	



11			STATE OF MARYLA		9 1	()	0 5	9 9
FOR 1 - STATE		DEPARTA	NENT OF HEALTH AND N		EO	U	1	tion 4
REGISTR	AR		CERTIFICATE OF D	DEATH	REG.	NO.		
1. DECEASED N (TYPE OR PRINT)	AME FIRST	MIDDLE	LAST	20	DATE OF DEATH			26 HOUR 3,5
(TIPE ON PRINT)	anny S.	Hedgere	th			4 1	8 81	1547 M
3. SEX	4. RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST	BRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
6		B	MONTH DAY	75	6	YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE	(STATE OR FOREIGN 76 CIT 12	ZEN OF WHAT COUNTRY?	8	. 0	BALTIMORE CITY		OFDEATH	,
70 COUNTRY)	1. C	USA	WIDOWED DIV	WARRIED S	Bal-	ZiM8	REC	If GMD.
10 CITY OR TO		ME OF HOSPITAL, NURSIN		TITUTION 120	USUAL OCCUPA			F BUSINESS OR
33 B	Alto The	Johns H	SPISINS HOSE	0,12/				
10 CTATE	NCE (IF NURSING HOME OR OTHER INS	13c CITY OR TOW	N 113d INSIDE CI	ITY LIMITS? 13	. STREET ADDRES			
70 ISE STATE	(6)	ENFIRE		NO [X	R-3 C	XX 21	9 "	
14 FATHER'S N.		LAŞT		S MAIDEN NAME	WIDDLE		LAST	
12 F	RANK	H Adge	DATE A	LURRIM	e		LYNCH	5
160 WAS DECE	ASED EVER IN U.S. ARMED FO		RITY NO. 17. INFORMA	NT	ADD	RESS		
S		DATES	MYR	RRINE A	HADRE OF	the	R-3BO	c 219, N.
	E OF DEATH (Enter only one co	ouse per line for phi, (b), gni	digita A	` .	1-7		APPROXIN BETWEEN O	MATE INTERVAL
	I. DEATH WAS CAUSED BY:  IMMEDIATE CAUS	FIG ASPIN	ation Pre	umonia			86	V5
00		-	NICE OF A					
Condition	ns, if any, which	E TO, OR AS A CONSEQUE	mal rele	whoses			1 14	, K
gove ri	se to immediate	(0)		1	1 1			
	ng cause lost	E TO, OR AS CONSEQUE	MAMAARE	May sol	anda Lo	N	3a	ills.
PART 2. 0	OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO E	DEATH BUT NOT RELATED	TO THE TERMINA	AL DISEASE OR CO	NDITION GIV	EN IN PART 10	
Z HI 19a DATE								
J 19a DATE	OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDIN	
✓ <u>E</u>					YES NO		s 🗍	NO [
		TIME OF INJURY	21c. HOW IN	JURY OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
OR CONTR	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	P.M.	19					
	RY OCCURRED 21e.	PLACE OF INJURY	21f. LOCATIO		CITY OR	TOWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE (AT	HOME, STREET, FACTORY, OFFICE, F	ARM ETC ) SINEE!		CITYON	IOWIA	COUNTY	STATE
	ify that (1) (this hospital) atte	ended the deceosed from_	4/18	19.81	. 10 4	110	19 81	that (1) (we) last
	the accessed alive on		B1 , and that in my	(aur) opinian deo	th accurred on the	date and hou		
77k SJG	A URF (did) Jdid not) view t	he body atter death.	DEGREE				22c. DATE S	SIGNED
11	XU.	8-1	N.1.1 A			AFF	4/1	9/31
224 PMYS	ICIAN'S NAME (TYPE OR PRINT)	TO D	22e, ADDRESS		PHYS	ICIAN L	1	0 101
22d PHYS	C /	1 60	\alla		WWS.	HASI	PITAL	
1		U5802	BONK			110-1	, , , , _	
23a. BURIAL, CF	EMATION, REMOVAL 236, D	1/ /- 1/	NAME OF CEMETERY OR C	10.	23d. LOCATION CITY OR TOWN	,,	COUNTY	11 CHATE
B	IRIA!	1/23/8/	LUDRY HII	1 (eH	Entie	11	, /	U.C
24 FUNERAL D	0 - /	ADDRESS	. 1 //	25a. DATE RI	2.3 1981	R 25b. RE 35	TR'AR'S SIO MATI	Mode
DERNE	MR. RAIley	13481	V. Calhour	LOT APK	40 1301			

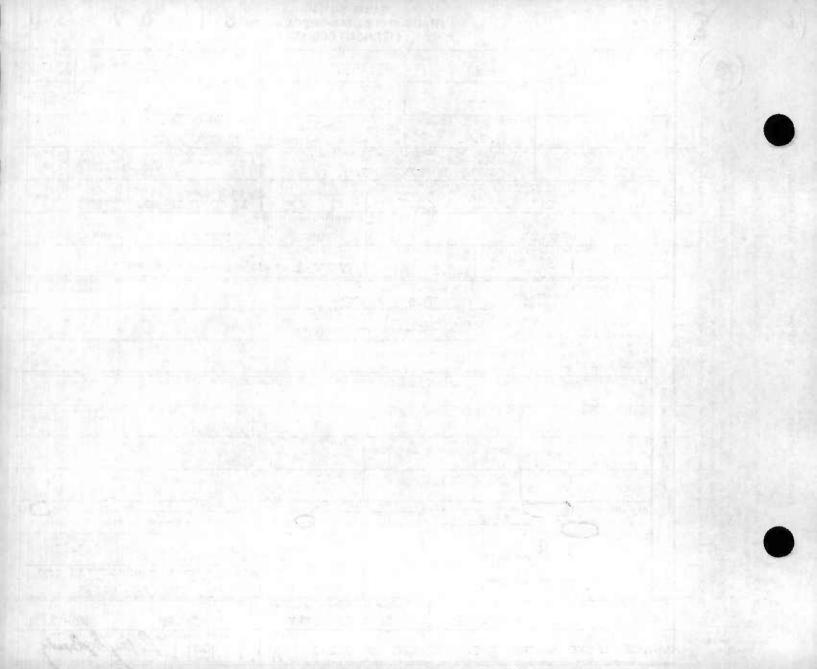


WALTER BROOKS BRADLEY INC., DUNDALK MD

STATE OF MARYLAND

21222

DHMH-16 30M 2/80 (VRA 15, 4)



ALTO, MD ST. AGMES MOSPITAL enter Carnis Mirainie WILLIAM STALL Out FH SEE J

BATTO X - I 3442 Dellara Tall Tombre Se Hale Talance ENCORE STYPES ! ARBOTAL 1891 US H98 Language and a partition of the partitio

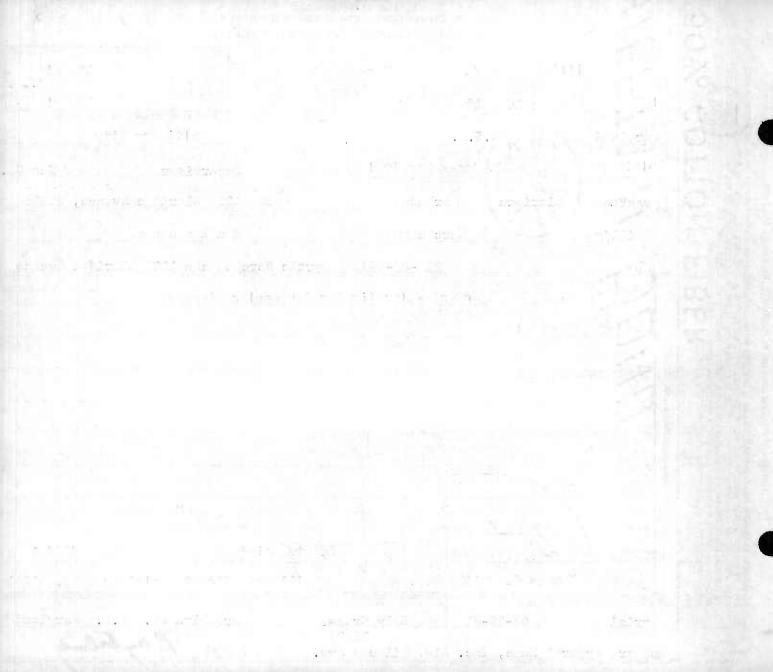
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2s. DATE OF DEATH MONTH L DECEASED NAME DAY YEAR 26 HOUR 250 (TYPE OR PRINT) IF UNDER TYPAR IF UNDER 24 HRS 4 RACE AGE /IN YEARS LAST BIRTHDAY 3 SEX YEAR MONTH CAN MONTHS BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CHY LIMITS? 13e STREET ADDRESS 040 NOF Duresin 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE LAST ADDRES Balto. . Md. 21217 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs.Florence E. Tongue 2129 Division St No APPROXIMATE INTERVAL BETWEEN ONSET AND DEA It CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION INCERTIFYING CAUSES OF DEATH? NOZ YES T NO F 716 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION DING SIREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. that (I) (we) last 4 . 2 saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated above. (1) (we) (did) (did not) view the body after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL TO FUNERAL E should be detach with the State D ATTENDING PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE COUNTY CITY OR TOWN (SPECIFY) 4-6-87 Mt. Auburn Cemetery Baltimore City Maryland BP Buria] ADDRES Balto., Md. 21216 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Herbert E. Nutter Funeral Home 3035 W. North Aven (VRA 15, 4) 1/79

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